DOCUMENT RESUME

ED 165 016 CG 013 056

AUTHOR	Beasley, Ruth A.; Gebhard, Paul H.
TITLE	Training Seminar, Health Professionals. Final Report.
SPONS AGENCY	National Inst. of Mental Health (DHEW), Rockville, Md. Div. of Manpower and Training Programs.
PUB DATE	20 Sep 78
GRANT	T21-MH-14051
NOTE	144p.
EDRS PRICE	MF-$0.83 HC-$7.35 Plus Postage.
DESCRIPTORS	Delivery Systems; *Educational Programs; *Health Personnel; Health Services; *Mental Health; *Professional Continuing Education; Program Descriptions; *Program Planning; Seminars; *Sex Education; Sexuality; Training

ABSTRACT

This final report describes three 10-day training programs for health professionals which were conducted in 1975, 1976, and 1977. All included a mixture of general sex behavior information and special health and mental health topics, methods of presentation (e.g.; lecture, panel, audiovisual, etc.), and types of presentors (e.g.; researchers, service providers, service consumers, etc.). All three programs included an optional two-day attitude reassessment workshop. Each successive program was altered in accordance with two main sources of suggestions - - the evaluations of the participants in the preceding program, and recommendations of staff members concerning trends in public interest, new research findings, and reports from other training programs. The "model" program is, therefore, three programs offered one time each to three different groups of participants. A "training the trainers" effect is described. Project implications important to planners of training programs in human sexuality are drawn together in a set of guidelines. All materials developed for the project are included. (Author/JLL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED165016

CG

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

R Beasley

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

FINAL REPORT

TRAINING SEMINAR - HEALTH PROFESSIONALS

GRANT NUMBER: T21 MH-14051

PROJECT PERIOD: 07/1/75 to 06/30/78

REVISED PROJECT PERIOD: 07/1/75 to 09/30/78

CO-PRICIPAL INVESTIGATORS: RUTH A. BEASLEY
TRAINING SEMINAR COORDINATOR
INSTITUTE FOR SEX RESEARCH

PAUL H. GEBHARD
DIRECTOR
INSTITUTE FOR SEX RESEARCH

SUBMITTED TO: EXPERIMENTAL AND SPECIAL PROJECTS BRANCH
DIVISION OF MANPOWER AND TRAINING
NATIONAL INSTITUTE OF MENTAL HEALTH

09/20/78

CG013056

TABLE OF CONTENTS

PROJECT BACKGROUND 1
    THE INSTITUTE FOR SEX RESEARCH 1
    PROJECT OBJECTIVES 3
        TARGET POPULATIONS 4
    PROJECT CONCEPTS 5

THE TRAINING PROGRAMS 7
    THE YEAR 1 PROGRAM (1975) 7
    THE YEAR 2 PROGRAM (1976) 8
    THE YEAR 3 PROGRAM (1977) 9
    AN EXTRA PROGRAM (1978) 10
    SAR: ONE PROGRAM ELEMENT 11

THE TRAINEES 13
    THE YEAR 1 TRAINEES (1975) 14
    THE YEAR 2 TRAINEES (1976) 14
    THE YEAR 3 TRAINEES (1977) 15
    THE "EXTRA" TRAINEES (1978) 15

BACKGROUND DESCRIPTION OF TRAINEES 16
    JOB SETTINGS AND RESPONSIBILITIES 16
    EDUCATION 17
    PROFESSIONAL ACTIVITY 17
    PRE-PROGRAM EXPECTATIONS 17

SPONSORED TRAINEES 18
    WORK DESCRIPTORS 18
    IMPACT ON POPULATION 19

PROJECT RESOURCES AND COSTS 21

PROJECT ASSESSMENT 25
    MEASUREMENT INSTRUMENTS 25
    FOLLOW-UP SURVEY 26

PROJECT FINDINGS AND DISCUSSION 29
    DEFINITION OF "REPLICATION" 29
    DEFINITION OF "RIPPLE EFFECT" 30
    1975 PROGRAM 33
    1975 PROGRAM DISCUSSION 34
    1976 PROGRAM 35
    1976 PROGRAM DISCUSSION 36
    1977 PROGRAM 36
    1977 PROGRAM DISCUSSION 38
    DISCUSSION OF "REPLICATION" 38
    DISCUSSION OF "RIPPLE EFFECT" 40

GENERAL FINDINGS 44
    USEFULNESS OF MODEL PROGRAM 44
    POST-PROGRAM CHANGES 45

CONTENTS: PAGE

CHANGES IN WORK.......... 45
PERSONAL CHANGES.......... 45
SAR FINDINGS.......... 46
    PRE-SAR EXPECTATIONS.......... 46
    THE SAR PROCESS.......... 47
    SAR REACTIONS OVER TIME.......... 48

AN "IDEAL" TRAINING PROGRAM IN HUMAN SEXUALITY.......... 49
    TOPICS.......... 49
    PRESENTORS.......... 49
    LOCATION.......... 50
    TRAINEES.......... 51
    FORMAT.......... 51
    LENGTH.......... 52
    MATERIALS.......... 52
    SAR.......... 53
    IDEAL PROGRAM: COMBINATION OF ELEMENTS.......... 53
    SUMMARY OF IDEAL PROGRAM.......... 55

FINDINGS RELATED TO ASSESSMENT PROCEDURES.......... 56

PROJECT IMPLICATIONS FOR PLANNING.......... 58
    IDENTIFICATION OF TRAINING NEED.......... 58
    PROGRAM GOALS.......... 59
    PROGRAM DESIGN: SAMPLE SCHEDULE.......... 60
    PROGRAM DESIGN: MATCHING GOALS WITH EXPECTATIONS.......... 62
    PROGRAM DESIGN: ADVERTISING.......... 63
    PROGRAM DESIGN: TRAINEE COSTS.......... 63
    PROGRAM DESIGN: SELECTING TOPICS.......... 63
    PROGRAM DESIGN: STRUCTURE.......... 64
    PROGRAM IMPLEMENTATION.......... 65
    DEALING WITH S-E-X.......... 67
    POST-PROGRAM RESPONSIBILITIES.......... 69
    COPING WITH EVALUATIONS.......... 70

PROJECT DISSEMINATION.......... 72
    FUTURE TRAINING PLANS.......... 72

PROJECT CONCLUSIONS.......... 73

PROJECT BACKGROUND

The Institute for Sex Research, founded in 1947 by Dr. Alfred Kinsey, has conducted an annual training program in human sexuality since 1970. From 1970 to 1974 the programs were conducted with NIMH annual training contracts. The first three programs focused on training medical educators, primarily psychiatrists, in order to facilitate the introduction of human sexual behavior into medical school curriculae. Programs for 1973 and 1974 added the fields of social work, nursing, psychology, and other health professions, but retained their focus of training teaching faculty in medical or graduate schools. By 1975, however, most medical schools had begun to implement curriculum change and the need to extend training in human sexuality to professionals working in health and mental health care delivery systems became more acute.

As public attitudes toward sexual matters changed, there was an increased expectation by many people that sexual problems could be solved in the same manner as their physical and psychological problems. In addition, there was an increase in health and mental health care delivery systems to populations not previously served. Many of these delivery systems were both multifaceted in their services and committed to service in the home area as opposed to institutionalization.

These social changes contributed to service delivery personnel being confronted with sexual questions and problems without adequate training to help either their patients or their patients' spouses and families. One of the more dramatic examples of these service needs arose in a major existing institution, the VA hospital systems, as well as in the emerging Community Mental Health Center (CMHC) network, with the return from Southeast Asia of thousands of young men with physical and mental problems coupled with a new social freedom to ask questions about their sexual concerns.

And in 1975, the Institute's training focus and the interest of NIMH shifted to provide training and to develop and evaluate a model training program for individuals working in direct care delivery settings, with an emphasis on those systems providing care to populations with limited access to psychiatrists, psychologists, or other specialists.

THE INSTITUTE FOR SEX RESEARCH

The Institute for Sex Research is a private, not for profit corporation affiliated with Indiana University in Bloomington, Indiana. For the past 22 years, Dr. Paul H. Gebhard has served as the Institute's Director. The governing body of the Institute, the Board of Trustees, consists of the senior research staff plus four other current and retired faculty while the Institute's Advisory Board consists of 10 faculty and university administrators.

While the Institute is in theory autonomous, in actuality it receives substantial support from the University in the form of salaries for a nucleus of senior researchers and key staff as well as space for the research staff and collections. Although the Institute is not a degree-granting or credit giving unit of the University, the research staff hold faculty appointments in teaching departments and the Institute reports to the Dean of Research and Graduate Development.

The Institute's relationship with Indiana University has been unique and affects the manner in which our training programs have evolved. That the Institute for Sex Research exists on the campus of a public university in a conservative community and state is a striking fact in the history of American higher education. Facing public scrutiny, threatened loss of institutional prestige and financial assistance, Indiana University supported the Institute's right to conduct research and investigation on sexual behavior. As Thomas D. Clark wrote (Indiana University: Midwestern Pioneer, 1977), "No University in all of creation had ever been called upon to defend the freedom of investigation and publication in the highly personal area of human sexual behavior as Indiana University had to do in the 1940s and 1950s." (p. 247).

The Institute's primary role is to conduct research and make that research available to those who need it. In addition, a secondary purpose has been to assemble, preserve, and make available to qualified scholars a wide variety of library and archival materials relevant to human sexuality. In the early years, before sex research had earned its mark of respectability, teaching about sex was regarded as politically unwise. But through encouragement and support from Indiana University, the Institute began in 1962 a seminar for psychiatrists at the I.U. School of Medicine and in 1970 a seminar on human sexuality for graduate students on the Bloomington campus. It was during the same year that the Institute inaugurated a 2-week summer program for clinicians, scientists and educators.

Thus, through the Institute's reputation and continued excellence in research and dissemination of findings to professionals via its publications and research collections, Indiana University has additionally supported and accepted the concept of training that has resulted in the model training programs (1975, 1976, and 1977) described in this report.

Although outlined in greater detail in the Resources Section, every unit of the Institute was involved in planning and conducting the training programs. The primary planning group was the Program Committee, chaired by the Training Seminar Coordinator (co-principal investigator of this report) and composed of the Institute's senior research staff and the Director (co-principal investigator of this report). Additionally, the research staff and the Director gave lectures at the programs. This Committee and the Coordinator reported directly to the Institute's Board of Trustees. As this Board includes both the research staff and the Director, participation of project members at the policy level of the Institute was direct and presented no administrative difficulties.

Full cooperation of the general Institute office staff was given to the project. This staff reported to the Director, but also worked directly with the Training Seminar Coordinator on the financial record keeping and general office support aspects of the project.

In order to provide the dual focus on "training the trainers" and training people involved in delivery of services to specific populations, the following target populations were defined:

- Lower and lower-middle class populations, especially ethnic or minority groups, whose contact with psychiatrists, psychologists, and other highly trained professionals is lacking or minimal, and who depend upon nurses, social workers, and various para-professionals for sexual information or counseling. This includes both urban and rural population groups.
- Sexual problems of the mentally handicapped, including both institutionalized and non-institutionalized patients. This includes the mentally retarded.
- Sexual problems of the disabled and physically handicapped, including the blind, cerebral palsied, paraplegics, and other groups--again, both institutionalized and non-institutionalized.
- Sexual problems of surgical patients and chronically ill. This includes ostomates, mastectomy patients, heart disease and heart surgery patients, diabetics, etc.
- There are numerous other groups and problems for which help may depend on reaching influential aspects of the society as a whole rather than specific training for individuals or groups. Basic attitudes towards sociosexual issues such as the sexual behavior of the elderly, the sexual needs of institutionalized people, and the legal aspects of sexual behavior can be approached by directing a portion of our training efforts toward: departments of forensic studies, juvenile justice systems, state bar associations, national religious groups, representatives of the media, administrators of correctional facilities, police department training personnel, and other influential groups.

Additional specific program goals were to utilize the Year 1 sponsored trainees for further information specific to the target populations, to utilize each year's evaluations to change the model program for the following year, to design evaluation instruments relevant to the project goals, to prepare materials which would facilitate the adaptation of the model program, to respond to post-program questions of the trainees, and to disseminate the project findings.

The planning of all aspects of the programs, sponsorship selection, and design of evaluation instruments was to focus on the following initial set of questions:

- what type of trainee produces the largest "ripple effect" in a given target population,
- what aspects of the model program were easiest to replicate, and which were the most difficult,

-- what training needs still exist in the target areas,

-- what aspects of the model program produce the highest level of impact, and the lowest ,

-- what assumptions can be made for designing a training program in human sexuality and selecting a trainee group which will most efficiently produce the highest and longest lasting impact on a designated population.

In summary, the general project objective was to offer and to evaluate three 10-day programs in human sexuality.

PROJECT CONCEPTS

Several basic concepts operated as the base for design of the total project. Due to experience with some previous Institute training programs which specified two separate educational tracks for participants (different lectures, different meeting rooms, etc.) based on their educational background (MD's and psychiatrists versus all other degrees) regardless of work setting, this project subscribed to the philosophy that all trainees accepted into the program (both sponsored and non-sponsored) would receive exactly the same educational opportunities.

Coupled with this concept was the fact that all applicants would receive equal consideration for acceptance. The weighting in favor of acceptance would be based on the individual's professional need for training in human sexual behavior regardless of their academic degrees or professional status. Additionally, no selection was to be based on race, sex, age or other demographic variable of the applicant. Weighting was done for sponsorship selection on variables such as target populations served, but these operated independently from the applicant's personal variables.

Utilization of these two linked concepts naturally influenced the program content and selection of presentors. We maintained the educational level of the program by continuing research-level presentations (e.g., with detailed medical information, complex sociological research documented by statistical tables, etc.); we did not "water down" content because some participants might have only bachelors degrees in education. The impact on trainee selection was even more obvious; for example, we would select a person with a masters degree in English over a physician in private surgical practice if the former was responsible for designing educational materials and programs for a multi-county mental health system while the latter expressed interest only in gaining more AMA Continuing Education credits, but doubted ever using the training.

Another philosophical difference between the Institute's approach to training and that of some other units is that the staff is well aware of the fact that we do not have in-depth knowledge or experience in all aspects of sexual behavior; therefore, non-Institute personnel would be hired as presentors for many topics. The hiring criteria for presentors was based on their expertise in the area we wished to have included in the program content. In many cases these would be internationally recognized researchers; in other cases these would be service delivery staff reporting on a technique or idea which was being tried in their local setting; in some cases they would be members of the target populations or consumers of services who were stating unmet needs for services.

Implementing the above concept for selection of presentors yielded a diverse group of people with wide differences in educational background, experience, geographic setting, disciplinary theory sets--and, of course, differences of opinion. This extensive use of hired presentors was limited by financial resources; the Institute used a registration fee for program participation to provide the financial base necessary to follow this philosophy.

Also affecting the design of the programs was the type of trainee targeted for the project. We were to provide training for people currently working in jobs related to the target populations; hence, the programs had to be offered in an intensive time block. This constraint makes our schedule differ from programs offered over a longer time period, such as an academic semester.

In addition, our training was to be "supplemental" to the trainees's previous professional training. We were to focus on the total area of human sexual behavior. This detachment from an over-all degree program impacted in two major ways: no assumptions could be made about what a trainee had already covered in prior courses or would be exposed to in a subsequent class, and we were not restricted to maintaining one disciplinary orientation. Completion of the training program earned a "Certificate of Attendance" rather than academic credits.

The above concepts helped structure our program content. The programs were designed with a multidisciplinary approach and contained an over-view of the subject as well as coverage of special topics. This broad approach included attention to sociosexual issues and sexual attitudes over and above the inclusion of basic factual information about sexual behavior.

The Institute's commitment to valuing interaction with the trainees continued to increase throughout the project. The idea that we would act on trainee evaluations and suggestions clearly contributed to their willingness to participate in the evaluation process. The program schedule and stated goals also emphasized questioning of presentors and discussion of varying opinions. The over-all attitude of the program staff was to solicit ideas for change, rather than to fear change.

There was also an underlying assumption that the trainees had some responsibility for successfully meeting their own training goals. Active participation in question and answer periods, exchange of information with other participants during scheduled social times, and interaction with the Institute staff was clearly outlined as a trainee responsibility in the first program session.

THE TRAINING PROGRAMS

Three 10-day training programs were conducted: July 23-August 1, 1975; July 21-July 30, 1976; and July 20-July 29, 1977. All included a mixture of general sex behavior information and special health and mental health topics, methods of presentation (e.g., lecture, panel, audiovisual, etc.), and types of presentors (e.g., researchers, service providers, service consumers, etc.). All three programs included an optional 2-day attitude reassessment workshop from the third evening through the fifth afternoon.

Additional factors common to the programs were:

-- all were held in Bloomington, Indiana at the Indiana University Poplars Research and Conference Center facility;

-- all were planned, conducted and evaluated by the same staff members;

-- all included scheduled times to encourage informal information exchange between the participants;

-- all incorporated explicit audiovisual materials where appropriate;

-- all participants received an extensive bibliography and guides to other organizations, audiovisual distributors, and other sources of information relevant to the topic;

-- all participants attended the same program sessions regardless of their educational background or job setting; and

-- all stressed the multidisciplinary nature of the field of sexual behavior in the selection of topics, presentors, and participants.

Differences between the programs were not only anticipated but planned. Each successive program was to be altered in accordance with two main sources of suggestions---the evaluations of the participants in the preceeding program, and the recommendations of staff members concerning trends in public interest, new research findings, and reports from other training programs.

The "model program", therefore, is not one program offered in duplicate for 3 years, but rather 3 programs offered one time each to three different groups of participants. As a result, this evaluation project can examine documented modifications of program format and content as well as the basic philosophical structure upon which all 3 programs were based. Brief outlines of topics, format, and sequence of the programs covered by this report are presented in the Appendix on the Event Code Sheets.

THE YEAR 1 PROGRAM (1975)

There were 22 two-hour presentations and 26 twenty-minute presentations for a total of 48 program "events" in addition to the 2-day sexual attitude reassessment workshop. The following breakdowns provide an over-view of the program.

TOPICS

No. of Events		Area of Focus
28	(58%)	Health & Mental Health
15	(31%)	General Sex Behavior
2	(4%)	Therapy Techniques
1	(2%)	General Resources
1	(2%)	A-V Resources
1	(2%)	Program Process
--		Teaching Techniques

PRESENTORS

No. of Events		Type of Presentor
16	(33%)	Researchers
15	(31%)	Health & Mental Health Service Delivery Staff
5	(10%)	Consumers of Health & Mental Health Services
10	(21%)	Health & Mental Health Service Administrators
2	(4%)	Totally A-V Materials

Program features to note were that all of the 20-minute events were on the special health and mental health topics, 3 events used a panel format (the rest were lectures with questions and answer periods), and most events utilized audiovisual materials and/or handouts to supplement the content.

In projecting the potential for trainees to be able to replicate a program event in their home setting (published information available to duplicate information content, audiovisual materials available for purchase and/or rental, and type of presentor available in most local areas or regions), it appeared that 31 (65%) of the events could be replicated easily if nominal resources were available, while 17 (35%) events would require more substantial funding and/or labor on the part of the home institution in order to replicate the event as presented at the model program. These projected levels of replicability of events will be discussed further in the Project Findings Section.

THE YEAR 2 PROGRAM (1976)

The second program consisted of 24 two-hour presentations and 8 one-hour presentations for a total of 32 program "events", plus the 2-day sexual attitude reassessment workshop.

TOPICS

No. of Events		Area of Focus
8	(25%)	Health & Mental Health
13	(41%)	General Sex Behavior
7	(22%)	Therapy Techniques
1	(3%)	General Resources
1	(3%)	A-V Resources
1	(3%)	Program Process
1	(3%)	Teaching Techniques

PRESENTORS

No. of Events		Type of Presentor
12	(38%)	Researchers
12	(38%)	Health & Mental Health Service Delivery Staff
3	(9%)	Consumers of Health & Mental Health Services
3	(9%)	Health & Mental Health Service Administrators
2	(6%)	Totally A-V Materials

Again, the program staff projected the ease of replication for each event and assigned 18 events (56%) as potentially easy to replicate and 14 events (44%) as difficult to replicate.

Due to the evaluations of the 1975 program participants and staff suggestions, several types of program changes were made. Although project interest was on documenting and assessing program changes, it is important to note that 12 events (38%) of the total program were the same in the first and second programs--same topic, same presentor, same format, and same location in the program sequence.

The most frequent type of change was to condense previously separate program events into one program event (e.g., services for rural poor, services for indigent urban populations, church-based services, etc. were combined into 1 panel presentation on various community services and cooperation). Some highly specific topics were not offered as separate program events (e.g., mastectomy patients, urology surgery patients, and sex offenders) although mention of many of these special topics occurred in more general sex behavior events. New topics were added; among them were sex role research, sexual dysfunction therapy, and problems of the deaf.

Another type of program change was to retain the topic, but to change the format and presentor(s); for example, in 1975 rape was presented in a lecture by a police administrator while in 1976 the topic of rape was covered by a panel of service personnel. Significantly increased coverage of therapy techniques occurred, and a session on teaching techniques was offered.

THE YEAR 3 PROGRAM (1977)

The third program offered 26 two-hour program events and the 2-day sexual attitude reassessment workshop.

TOPICS		
No. of Events		Area of Focus
4	(15%)	Health & Mental Health
12	(46%)	General Sex Behavior
3	(12%)	Therapy Techniques
1	(4%)	General Resources
2	(8%)	A-V Resources
3	(12%)	Program Process
1	(4%)	Teaching Techniques

PRESENTORS		
No. of Events		Type of Presentor
13	(50%)	Researchers
7	(27%)	Health & Mental Health Service Delivery Staff
--	--	Consumers of Health & Mental Health Services
3	(12%)	Health & Mental Health Service Administrators
3	(12%)	Totally A-V Materials

There were 11 events (42%) that could be considered as fairly easy to replicate while 15 (58%) were projected as being more difficult to replicate. Ten events (38%) were the same as events offered in the two preceding programs.

The most frequent type of change was to combine several events into one new event (e.g., 2 presentations on sexual dysfunctions and a session on physiological response films were combined into one event on sexual response). Several highly specific topics were not given separate event coverage (e.g., post-menopausal women, the deaf, and transexual surgery). New topics appeared (e.g., how to critically examine sex research literature, professional ethics, and 2 film sessions airing new materials available).

General trends to note are a continued reduction in the coverage of special populations as separate events and an increase in events dealing with the program process itself (e.g., discussion of varying participant goals, discussion of the potential problems involved with transferring the program back into the home institution, etc.). Most of the topics related to special populations moved from separate program events to being included in one of the general sex behavior events, therefore they did not actually disappear from the over-all program content.

Changes in the three programs were primarily in response to evaluations by participants and led to more emphasis on general sex behavior information, an increase in coverage of various therapy and teaching techniques, and specific sessions devoted to attendance at the model program. Over the three years, we noted a decline in interest in events devoted to highly specific problem populations (except when an individual presentor excelled) and in using consumers of health and mental health services as presentors (again, unless a person was unusually articulate in addition to having an excellent command of the relevant research literature). These program elements will be discussed further in the Project Findings Section.

AN EXTRA PROGRAM (1978)

Because of the Institute's continuing commitment to training, a program was offered June 21-28, 1978. Although this project called for only 3 programs, the evaluation instruments designed for the original project were administered to the participants of this fourth program as well. No NIMH monies were expended on this added program except for the nominal costs of adding the evaluation data to the data tapes. This "bonus" program has permitted an experiment with more radical changes in the model program than were justifiable in any of the three project programs.

The 1978 program consisted of 17 two-hour program events, the 2-day sexual attitude reassessment workshop, and a clinical workshop conducted for two-hours on each of 4 evenings.

Program elements remaining the same as the the previous 3 project programs included:

- meeting facilities,
- program staff,
- scheduled times for informal information exchange,
- use of explicit audiovisual materials,
- resource handouts were provided,
- all events were open to all participants, and
- six events (33%) of the total program were the same as 1977 program events.

Major program changes included:

- -- the number of programs days was reduced from 10 to 7 days,
- -- the program was offered one month earlier in the summer (late June versus late July),
- -- no financial assistance was made available to any trainee,
- -- the selection of topics, presentors, and formats was more heavily influenced by suggestions of the Institute staff.

A brief outline of the program topics, presentors and sequence of events is located in the Appendix.

The most significant areas of change in program content are the continuing decrease in events devoted to special populations, the absence of events using only audiovisual materials and the more than doubling of the events devoted to therapy techniques. This higher emphasis on clinical aspects is even more dramatic when the 4 evening clinical workshops is noted.

This added program with its documented changes will allow us to look more closely at the data from the 3 project programs, especially the section in the follow-up survey on suggested "ideal" programs. In addition, it has provided us with a group of participants for whom financial assistance from the sponsoring agency was not a factor of attendance.

SAR: ONE PROGRAM ELEMENT

A 2-day sexual attitude reassessment workshop (hereafter referred to as SAR) was offered in all 4 programs. The SAR's are being discussed in this section and will receive separate attention in the Findings Section of this report for two primary reasons. First, the SAR's exhibited a pattern of change that was different from the rest of the training programs, and secondly, SAR's are more frequently available across the country than are didactic training programs and have received more professional and public attention than other types of training.

SAR's are occasionally offered with didactic lectures (as in the Institute's programs), as special sessions of established academic curriculae, and as totally separate programs without any didactic content. Some SAR's are offered to the general public. Nearly all SAR's use explicit audiovisual materials and small group discussion. Combine the above elements with the focus on personal sexual attitudes and the field of human sexuality is faced with a training technique that has the potential for controversy and public misunderstanding.

Some structural assumptions were common to all the SAR's offered in this project's programs and included:

- -- The schedule was designed to make the SAR a solid, intensive time block (an outline is presented in the Appendix).
- -- The SAR was conducted about 1/3 of the way into the total program period and always included a Saturday and Sunday.

-- Attendance was optional.

-- Meals were provided in the meeting area for a nominal fee.

-- The SAR schedule alternated between a large room for the total group and small rooms for the small group discussions.

-- Appropriate explicit audiovisual materials were used.

-- Each small group had a male and a female co-facilitator.

-- Small group assignments were designed to achieve an equal number of males and females and a wide range of ages and occupations.

-- Participants who were married, close friends, or from the same geographic area were not assigned to the same small group.

-- The SAR was evaluated with both a separate questionnaire and on the general program evaluation instrument (copy included in the Appendix).

-- The stated goal of the SAR was to provide the opportunity for individual participants to examine their own sexual value systems in order to be more aware of that system's impact on their professional conduct.

-- Both printed and oral statements specifically pointed out that the SAR's were not designed for individual therapy.

Various programmatic changes occured over the four SARs. The SAR in Program 1 began at 9 am on day 4 and ended at 6 pm on day 5 for a total of 24 program hours. The SARs in Programs 2 and 3 began at 7:30 pm on day 3 and ended at 6 pm on day 5--covering 28 program hours. The SAR in the 1978 program also began at 7:30 pm on day 3, but ended at 4 pm on day 5 and had more free time scheduled for a total of 22 program hours. Meal times are included as program hours because the groups usually ate together and continued discussion during the brief meal times. The size of the small groups was set at no more than 8 trainees until the 1978 program when a range of at least 10 and no more than 14 trainees was established.

The group facilitators hired to lead the small groups were selected from a pool of qualified volunteers consisting of people who had led groups for the Institute in past years, people who were past participants of the Institute programs, professionals and graduate students from the local area who were known to the staff, and people who contacted the Institute asking to be considered for selection.

The annual group facilitator selection process began with those individuals who had received good evaluations in preceding years. Programs 1 and 2 also included some new facilitators from the local area who were working professionals or graduate students. Program 3 used a group of trained professionals from a cooperating institution (the Sinai Hospital of Detroit) to supplement the past facilitators. Program 4 used only "successful" facilitators from the preceding year.

Training of the selected group facilitators evolved throughout the project. For all years, the male and female co-facilitator assignments paired at least one person who had facilitated in a preceeding Institute program with a person new to the Institute's programs. In all years the correspondence with facilitators discussed the program goals and guidelines. These goals and ground rules were also discussed immediately before the workshop at a brief meeting of facilitators and program staff at Programs 1 and 2. For Program 3, a more lengthy training period was conducted--four hours preceding the workshop and including presentations from the staff of the Sinai Hospital of Detroit. Program 4 used only a 1 1/2 hour training session due to the complete overlap of facilitators who had been through the training session in the preceding year.

The most significant change in the SARs over the years occurred in the amount of pre-workshop information given to the participants. In Programs 1 and 2, the participants received a two-sentence statement on the goals of the workshop in the pre-program information and on the total program schedule. This was supplemented by a brief verbal description at the first program event. Programs 3 and 4, however, provided a full paragraph of information (workshop goals and ground rules) in the pre-program materials, a two-page handout at registration that amplified the specific ground rules and schedule of workshop topics, discussion (including questions and answers) at the first program event, and a 1 1/2 hour session on SARs in general and this SAR in particular immediately preceeding the first session of the workshop.

Much of this change was initiated by the participants themselves via their evaluations and suggestions. The need for these changes appears to have come from two main sources. Many of the participants or their colleagues had attended other SARs and had experienced coercion, unprofessional conduct, lack of structure or ground rules, or some other form of either upsetting or unsatisfactory procedure. The second source of change was from the program staff who perceived the unease of the participants, solicited guidance from institutions offering SARs, reviewed the research literature, and then redesigned the Institute's SAR with an increased focus on complete openness with the participants and more explicit control of the facilitators, topics, and techniques.

THE TRAINEES

For the purposes of this report, all individuals who attended the training program will be called "trainees" or "participants". Those trainees selected to receive the grant-funded monies (registration fee, travel, housing, and meals) will be called "sponsored"; those trainees who attended the programs on their own funds or other non-grant financial support will be called "non-sponsored".

The brief sections below describe the program attendance by these two categories. Descriptive data on trainees is presented and discussed after these attendance sections.

The selection criteria for sponsorship award was established as:

- The trainee must be currently employed (on either a paid or volunteer basis) in an institution, organization, clinic, public-service facility, or out-reach group which services one of the target populations as described earlier in the Project Objectives. (This tended to eliminate individuals solely in private practice.)
- The trainee's commitment to adapting the model training program within the home organization, and to training, in general, will be a factor for consideration. (A person working at a national, state, regional or major city level and designated to train local workers, other staff, or prepare educational materials would receive more consideration than a person who would not be in such a position to apply the training.)
- The trainee must agree to comply with the follow-up surveys after attending the program.

In 1976 two additional criteria were stated:

- Sponsorships were not available to employees of NIH or its branches, and
- Sponsorships were available only to individuals working in the U.S. or in U.S.-sponsored programs.

THE YEAR 1 TRAINEES (1975)

As mentioned previously, the 1975 sponsored trainees were to be selected by the Institute based on the individual's prior work in one of the target populations. As these individuals were contacted directly by the Institute, an application procedure for sponsorship was not utilized. In return for sponsorship, each individual was to present a brief paper reviewing the work in their specialty area at the program, provide the Institute with information about the current activities related to their area, and assist us with designing an advertising and direct mail procedure which would reach the most potential sponsorship applicants for Years 2 and 3 of the project.

Twenty-five sponsored trainees were selected, but one was not allowed to receive the award due to his employment by a unit of NIH. The Institute elected to award a comparable amount of financial assistance from other monies--the individual attended and has participated fully in the project over the 3 years, but is counted in the data as a non-sponsored trainee. Therefore, the Year 1 trainees consisted of 24 sponsored and 111 non-sponsored participants, 14 of whom were from countries other than the United States.

THE YEAR 2 TRAINEES (1976)

Following our expanded advertising and direct mail efforts, the Institute received approximately 60 applications for the 35 sponsorships available. In addition, all program information and advertising included information about the availability of the sponsorships. Individuals were to be selected for the awards based on their general application form and their responses to the questions on the supplemental form for sponsorship (copies of forms are included in the Appendix). The supplemental questions asked for work descriptions based on the target areas of this project, plans for potential implementation of the training in their work setting, and an assessment of their freedom to innovate in training areas. Applicants were also encouraged to submit any further documentation or letters of recommendation if they wished to do so.

The 35 applicants were selected with the most important criteria being work with one of the target populations coupled with the possibility for high post-program impact. The Institute defined "high impact" as being at a status level permitting the trainees to implement program design or similar forms of change, displaying a wide range of responsibilities, including training, in one unit or agency (with additional consideration based on the geographic coverage or size of population served by the unit), or documenting involvement in several units through board membership, cooperative agreements, or consulting arrangements. Although 2 alternates were selected, 2 of the sponsored trainees cancelled acceptance too late for the alternates to attend upon notification.

The 99 Year 2 trainees, therefore, consisted of 33 sponsored and 66 non-sponsored participants. Eight of the non-sponsored trainees were from countries other than the United States.

THE YEAR 3 TRAINEES (1977)

Additional suggestions for journal advertising, newsletter listings and direct mailings were solicited from the 1976 trainees. The application pool for the 35 sponsorships consisted of 103 individuals. The application forms and selection procedures designed for the Year 2 program were utilized.

The attendance of 76 trainees consisted of 35 sponsored trainees, 39 non-sponsored participants from the U.S. and 2 non-sponsored trainees from other countries.

THE EXTRA TRAINEES (1978)

Although not included in the original project and expending no NIMH monies, the participants attending the 1978 program offered by the Institute are included in this report. Program differences have already been noted and any trainee differences will be noted in the data presented in following sections.

The same advertising and announcement procedures were followed as in previous years including suggested expansions by the 1977 trainees. A statement that no financial assistance was available for the 1978 program was part of all program information.

The total attendance was 61, all non-sponsored trainees, 6 of whom had attended one of the Institute's programs in the preceding eight years.

BACKGROUND DESCRIPTION OF TRAINEES

This section presents general information about the trainees, both sponsored and non-sponsored, who attended one of the four training programs discussed in this report. The next section provides additional information about the sponsored (or "target") trainees.

The purpose of this section is to convey a sense of the diversity of the trainee backgrounds and their stated reasons for coming to the programs. It also gives an idea of some of the problems faced by the project staff in the areas of differing educational preparation and expectations of the trainees. It is only after gaining this over-all picture of the in-coming trainees that we can begin to examine reactions to the program.

Because we did not complete the assessment forms until 1976, the totals associated with reporting on these descriptive variables fluctuates between the four year total of 372 trainees and the 1976, 1977, and 1978 total of 237. Since there are few significant differences on the background variables between the sponsored and non-sponsored trainees or between trainees attending the program in different years, the change in the totals being used does not affect the descriptive value of the statements which will utilize percentages.

Over the four programs, we had 170 (46%) males and 202 (54%) female trainees with a mean age of 36 from an age range of 19 to 65. The trainees traveled to the programs from 39 different states, with nearly half (48%) coming from Indiana and its neighboring states of Michigan, Ohio, Kentucky, and Illinois. Of the 24 trainees from countries other than the United States, 11 were from Canada while the other 13 represented 8 other foreign countries.

JOB SETTINGS AND RESPONSIBILITIES

Code lists of twenty-one types of primary job responsibilities and twenty types of job settings (see Appendix) were developed in order to categorize the trainees' descriptions of their work. The basic types of job duties were grouped into education, therapy and counseling, medical care, and an "other" group (e.g., lawyer, minister, etc.). Half of the trainees (51%) were in the education group, 28% were involved with therapy and counseling, 16% were working in medical jobs, and the remaining 5% were working in the "other" type of jobs.

The institutional settings in which these jobs were performed were grouped as being an educational institution; a health, mental health, or other agency providing direct public service; private practice settings; and "other" places such as churches or professional associations. The trainees work settings were 50% in educational units, 34% in public service, 11% in private practice, and 5% in "other" units.

The above types of job descriptors would appear to convey similar information, but are necessary in order to adequately describe any individual trainee. For example, a trainee responsible for training other workers in a multiple county mental health agency would be coded with education in the first descriptive list and with public service in the second. Trainees coded as having medical jobs appeared in all three types of work settings: in universities as physicians at student health centers, in public services at state boards of health, and in private practice settings.

EDUCATION

The educational backgrounds of the trainees has been recorded both for traditional academic degrees and for other ways of gaining training and information in the area of human sexual behavior. Code lists for both educational area and highest earned academic degree are included in the Appendix.

The most frequent highest earned degree was at the masters level (34%) with an additional 41% of the trainees either holding or studying for a degree beyond the masters. The most frequently cited academic disciplines were psychology (15%), guidance and counseling (15%) and social work (8%). The rest of the trainees (62%) reported degrees spread throughout 32 other academic disciplines.

These relatively well-educated trainees though, appeared to not have received a great deal of coverage of human sexuality in their academic work; 73% had not had an undergraduate course and 55% had not had a graduate course on the topic.

Less traditional ways of gaining information and training are being used by the trainees. Most (81%) of the in-coming trainees had already attended at least one special workshop or other training event in human sexual behavior. Though one group of trainees (13%) came to the program without any previous course work or training at all, nearly all (97%) had read books on the topic, with 42% reporting ten or more titles read in the preceeding five years.

PROFESSIONAL ACTIVITY

The trainees appeared to be active professionals in other ways. Nearly half (41%) cited at least one professional product to their credit (e.g., journal publication, paper delivered, training manual published, etc.). Considering all trainees, the mean number of journals read regularly was 4.5 with only 14% reporting no regular reading of professional journals.

This interest in training and the level of general professional activity may explain why 36% of the in-coming trainees first heard about this training opportunity from a colleague who had attended a previous Institute program. All of the dissemination mechanisms used by the Institute to advertise the training programs (e.g., journal advertising, direct mailings to organizations and academic departments, etc.) were reported as first news of the training program by 32% of the trainees.

PRE-PROGRAM EXPECTATIONS

The diversity of the trainees' backgrounds and jobs led the program planners to expect differences in program expectation. A pre-program survey of trainee goals (see Appendix) was administered to 237 in-coming trainees. The seventeen questions were designed to provide an over-all picture of trainee expectations. The results of the survey were that the in-coming trainees held high expectations about all aspects of potential training: curriculum design, therapy skills, general information gain about the topic, personal comfort gain in dealing with the topic, and even making progress in their own research.

At this point in the pre-program picture, the most notable feature of the project is that the diverse trainees, many of whom had attended other training opportunities in human sexual behavior, would be coming to the programs with a similar set of high expectations for specific types of diverse training. The expectations of the project staff were that no model program could be designed which would meet all of the trainee goals in full in a ten-day period; therefore, the concept of trainee responsibility for getting as much personalized information as possible from the program events would be stressed in order to supplement the planned offerings. Only through encouraging informational exchanges and question periods would each trainee be able to tailor the training experience to meet their own training goals.

SPONSORED TRAINEES

Additional information about the sponsored trainees is reported in this section in order to illustrate the result of the sponsorship selection criteria and to add to the picture of the scope of trainee variables. Though there were 92 sponsored trainees, only the 68 sponsored trainees from 1976 and 1977 are included in this section as they constitute the group most relevant to this project's focus on "training trainers" and on work with the target populations. Examination of this group will also provide a more specific picture of the potential impact of training and a mechanism for reporting on actual transfer of the training in the project findings.

This group of target trainees was somewhat different from the total group of trainees. While the total group of participants was almost evenly divided, the sponsored group of trainees was predominately female (66% female and 34% male). Most were a little younger than the rest of the trainees with 56% in the 30-39 age category. These 68 trainees came to the programs from 29 different states (Ohio had 9 trainees, New York with 8, Michigan 6, Kentucky 5, and Pennsylvania 5 being the largest representations). Only 37% came from Indiana and its surrounding four states as opposed to nearly half of the total trainee group.

WORK DESCRIPTORS

Three additional mechanisms for describing the target trainee's work were designed and coded. They include:

- work with the project's target populations and special groups,
- actual types of work responsibilities, and
- geographic scope of the work.

These three codes were then linked together in order to provide a single description of each facet of a trainee's job responsibilities. (Copies of the code lists are included in Appendix.)

Because most of the target trainees reported a wide range of specific job duties, all have more than one of these work descriptors. The fewest number of descriptors used to outline a trainee's work was 3, while two trainees required 14 descriptors to adequately include every job duty they reported. Half of these target trainees required at least 6 descriptors.

For example, a trainee could be responsible for training other workers in a nursing unit serving a multiple county rural population while also working on a film strip about muscular dystrophy for national distribution. In addition, the trainee was also responsible for providing direct care to muscular dystrophy patients and their families in one specific hospital.

Therefore, the data presented in this section will frequently use numbers much larger than 68 (the number of target trainees) but will give a more accurate picture of the various work responsibilities and potential for post-program impact with respect to the target populations of this project. Additionally, each work description discussed below will be stated in terms of "instances", or the actual number of times a code occurred. It is important to remember that these numbers are so large because multiple responses were possible.

IMPACT ON POPULATIONS

The population descriptor most frequently used was "other health care professionals", meaning that 21% of the target trainees were clearly responsible for interaction with other workers. This interaction took the form of training, policy making, teaching, workshops, curriculum and materials design, consulting, and coordination of cooperative ventures in 507 descriptors.

These specific types of work were performed at a city or single county level in 2,468 instances, at a multi-county level in 1,055 instances, at the statewide level in 638 instances, and at the multi-state or national level in 366 instances. Remembering that these numbers represent only instances when the target trainees would have the opportunity to interact in a work capacity with other health professionals, the total figure of 4,527 working opportunities to directly transfer the training verifies the sponsorship procedure of selecting heavily involved individuals with multiple opportunities for training impact.

The next largest populations served directly by the target trainees were students at the college level (10%), lower income populations (9%), adolescents (6%), cultural and ethnic minorities (6%), urban populations (5%), the mentally retarded (5%), and the generally physically handicapped (4%). (Again, a code list of the fifty-seven special populations is provided in the Appendix.)

Given this broad range for potential impact with the project's target populations, what types of work were the target trainees doing with these groups?

At least one facet of the work of 19% of these sponsored trainees was with direct patient care in one unit or agency. The next largest category (12%) was the training of other workers in multiple units or agencies, followed by 9% of these trainees involved to some extent with policy making and/or administration in one unit.

All of the available work descriptor codes (found in the Appendix) were applied. Even the lesser used categories of research, publication, and research dissemination via delivery of papers at professional meetings were cited by 4% of the target trainees as being part of their assigned work.

The geographic areas potentially affected by a trainee's work were coded into five levels (see Appendix). Over half (53%) of the specific work was performed at the city or county level, 26% at a multi-county level, 14% at the state level, and 6% at the multi-state or national level.

In summary, the potential for transfer of the training given to the target trainees is considerable viewed from either the perspective of a need for services to target populations or a need for wide geographic dispersion of the training. This analysis of these 68 trainees is not meant to imply that the non-sponsored trainees did not also exhibit some of the same work characteristics, but rather that this section has served to illustrate the results of the sponsorship selection process in terms of the project goals. This group of sponsored trainees will also be examined in the Findings Section when the actual reported transfer of the training is discussed.

PROJECT RESOURCES AND COSTS

Planning, conducting, and evaluating the training program required resources over and above the financial support provided by the NIMH grant. All costs will be discussed in terms of the resources brought to bear in order to complete this project. Although some items might not be relevant to other units contemplating similar training programs, any attempt at replication will require a thorough awareness of all resources the Institute utilized. Cost figures are based on the 1977 program.

DIRECT PROGRAM COSTS NOT COVERED BY THE GRANT:

Program facilities rental (meeting rooms):	500	
Fees, travel, etc. for non-Institute speakers:	4,228	
Fees, housing, meals for SAR facilitators	2,284	
General office costs (advertising, postage, duplicating, etc.)	537	
Program costs (PA system rental, AV equipment rental, etc.)	680	
Expenses for scheduled social events and staff direct costs:	649	
TOTAL:	$8,878	$8,878.00

DIRECT PROGRAM COSTS COVERED BY THE GRANT:

Salaries, wages and fringe benefits for project staff:	9,370	
Trainee materials, supplies, and phone:	347	
TOTAL:	$9,717	$9,717.00

POTENTIAL OR HIDDEN COSTS:

Indirect staff cost for planning & service time:	20,699	
Institute speakers:	1,880	
TOTAL:	$22,579	$22,579.00

TOTAL PROGRAM COST: $41,174.00

FOR THE 76 TRAINEES IN 1977, THE COST PER INDIVIDUAL WAS: $542.00

OTHER POTENTIAL COSTS NOT INCLUDED IN TOTAL:

I.U. services, resources, space (figures are not provided)	
Institute collections materials:	6,250
Institute collections staff:	28,250
TOTAL:	$34,500

The grant also included monies for 35 sponsorships, including registration fees, housing, meals, and travel. The budgeted figure of $30,975 will not be included in further discussion of resources since the monies did not apply to any program costs. Another item generated neither costs nor income--$1,251 was collected by the Institute from SAR participants for their weekend meals and then paid directly to the Conference Center for providing the meals. Both of these amounts, however, required staff labor to process.

Indirect staff costs not paid by the grant are estimated to total $20,699. This includes an estimated one month's time per person, over a full year for participation in program planning and full attendance at the program for the senior staff members; two month's time each over a year for key support persons such as the administrative assistant, the bookkeeper, and the computer programmer; and one month of student and hourly wages for staff who were assigned additional duties due to heavier work loads associated with the program. Much of the general staff costs reported here involve work-study money and have been reported as our costs of 20%; the wage costs would be much higher for units not eligible for such funds.

Because this project encouraged visits to the research collections while attending the program, as well as post-program provision of information services, the above total includes one month of time for the head librarian, three month's time of the Information Service Officer, and one month of general library staff needed to process the services.

Not included in the above total, and therefore an additional potential cost of $1,880, is consideration of the fact that 8 of the 27 events in the 1977 program were delivered by Institute staff. Not including the SAR, the average speaker cost per event for non-staff presentations was $235 that year.

There are additional indirect program costs involved in this project which are more difficult to calculate. The Institute owns many of the audiovisual materials and audiovisual equipment used at the program, therefore our rental costs in that area are artificially low. We have not attempted to assess a value for "wear and tear" on these items. Also, no dollar figure is being reported for space for the staff or research collections, though Indiana University provides 8,259 square feet of space. The University also provides computer services, library services, and other forms of resources available to all research units and faculty.

The costs of acquiring, processing, and maintaining the research collections in order to service the Information Service aspect of this project is also difficult to calculate. The collections currently consist of 44,000 volumes and subscribe to 55 journals. Added annually are about 650 volumes, 800 reprints, 98 irregular serials, and 2000 vertical file items--all of which must be processed into the library in order to be useful and accessible. In addition, the Institute has 25,000 pieces of flat art, 10,800 slides of art materials, 1,300 art objects, 1,500 films, and 50,000 behavioral photographs. An annual cost figure for materials (including gifts) is approximately $6,250 and for the staff is about $28,250. These costs have not been included in further discussions even though 47% of the 1975, 1976, and 1977 trainees who responded to the follow-up survey have contacted the collections unit of the Institute at least one time since leaving the program, while another 20% of these trainees have not used the service but indicated they plan to do so. Forty-six of the trainees visited the library during their program attendance.

Thus, without adding the expenses to maintain the above resources, space, and the use of work study students for general labor, the program cost for 1977 was approximately $41,174.00. That amount represents an individual cost per trainee of about $542.

In addition to generating expenses and costs, the training programs also generated income in the form of registration fees; the fee for 1975 was $285, 1976 was $300, and 1977 was $315. The total income from the registration fees in 1977 was $23,940.

The disparity between costs and income for the programs is mitigated by two factors in the case of the Institute: the University's contribution of wages for key staff members, and the Institute's income from past royalties, etc. For example, no library or other collections materials are purchased with state, federal, or other public funds due to the subject nature of the collections.

Another vital point to be made is that no training program income is ever used to pay Institute staff members. Any surplus income from one program is used to prepare for the next program by acquiring new films or other training materials, replacing or repairing program equipment, and to provide for a contingency fund for hiring speakers in the event that registration fee income drops below the "break-even" point. If any surplus accumulates over the years, it is used in keeping with the Institute's nonprofit status--i.e., expended for research, the collections, and training.

Up to this point, this section has reported resources and costs directly related to the program, the trainees, the Institute, and Indiana University. Many of the non-staff lecturers are individuals who can select from among numerous speaking invitations and lecture rarely due to their own research and educational load. They chose to lecture at Institute programs as a reciprocal favor in return for Institute participation in their projects. Other less prestigious speakers come to the programs in order to raise their stature in the field. Some speakers in highly sensitive topic areas agree to participate because they trust the confidentiality level maintained by the Institute. Regardless of why non-staff individuals present lectures, it is certainly not for the financial remuneration. Although most travel and per diem costs are paid, they are covered for only 2 days including travel time, and the honorarium paid for any one program event has only once exceeded $100.

One individual deserves particular mention as an invaluable resource--Dr. F. Paul Pearsall, Chief of the Problems for Daily Living Clinic, Sinai Hospital of Detroit. A sponsored trainee in the 1975 program, he has contributed to the programs and to the entire project throughout the remaining three years. Due to his dual commitment to training and to the evaluation of training, his advice and support has been especially valuable. Though he received only the financial remuneration described above for non-staff speakers, he has shared prepublication information of his findings and has been crucial in planning and design decisions that led to changes in the SARs and to our increased openness with all program trainees.

Trainees themselves and their employing institutions also contributed valuable commodities to the programs in the forms of time and financial support. Among the respondents to the follow-up survey, 10% noted that their employers had given them time-off to attend the training program. A few trainees (3%) used their own vacation time, leave without pay, or some other arrangement to cover their time costs. Some trainees (2%) reported that, because they were self-employed, they experienced actual loss of income due to being away from their practice. An additional 5% of the respondents reported other means of covering their time and money costs, most of which were explained as having received financial support from their employer in order to attend.

Although the above information makes it appear that the Institute has inexhaustible and stable resources upon which we may draw for training, such is not the case. Inflation and tighter budgets have affected the Institute and the University over the course of this project. In addition, the Institute's staffing flexibility was greatly reduced by the end of a grant for research dissemination. We also under-estimated the amount of time to be spent on the project by the Training Seminar Coordinator (25% FTE), especially during the evaluation phase. Any unit contemplating a training project with a research component is advised to raise that labor unit to at least 50% FTE; if a research component is included, the labor unit should be even higher.

PROJECT ASSESSMENT

The evaluation component of this project existed throughout the total period with an increased emphasis in the final year. We confronted two types of assessment needs: one to provide specific reactions to each program in order to design subsequent programs, and another to collect data concerning the trainees and their over-all program reactions.

Measurement instruments for short-term information gain in the area of human sexual behavior do exist, for example, the Sexual Knowledge and Attitude Test (SKAT). Some academic units have developed questionnaires concerning their courses or curriculum. A few training units have also constructed evaluation forms for their own specific programs.

However, upon examination of the existing evaluation tools, the program staff felt it necessary to develop measurement instruments which would better meet our project assessment needs. The following questionnaire forms were designed and first used for the Year 2 Program (1976)--copies of all forms are included in the Appendix:

-- Program Application Form

-- Pre-program Survey

-- Supplemental Form for Sponsorship Application

-- Program Event Reaction Form

-- SAR Weekend Evaluation Form

-- General Evaluation of Program Form

These forms were used again in 1977, and with the exception of the Supplemental Form for Sponsorship Application, again in 1978. In 1978, a Follow-Up Survey was designed and sent to all 1975, 1976, and 1977 trainees who attended the project programs. A more detailed examination of this instrument is provided later in this section and a copy is located in the Appendix.

All measurement instruments were designed to provide as much data as possible on trainees and their reactions to the model program. The concept of "time" assumed great importance: the Pre-Program Survey provides data on trainee goals prior to the program; the Program Event Reaction Form, administered for each program event, provides data on reaction to program events at the time each was presented; the immediate post-program over-all reaction is measured in the General Evaluation of Program Form; and the Follow-Up Survey was designed to examine long-term post program reactions. A core set of 17 questions (the only major change being in verb tense) was repeated on each comprehensive questionnaire (Pre-Program Survey, General Evaluation Form, and Follow-Up Survey).

Additional questions were designed to measure trainee behavior that was not specifically program event related. We were interested in general, long-term, trainee changes that might affect their work behavior: for example, more active and more productive methods of seeking information on sexual questions; increased reading in the subject area; more contact with other agencies or institutions in the trainee's local area in order to facilitate referrals or cooperative ventures; and seeking out or attending other training opportunities. These questions are primarily reflected in the Application Form and Follow-Up Survey.

And finally, another set of questions was related to specific program events and used primarily for program planning purposes. In addition to staff usage throughout the project, the findings from the Program Event Reaction Form and the SAR Weekend Evaluation Form were sent to individual presentors and to each group facilitator repsectively. Comments from those recipients have been positive; they appreciated the feed-back concerning their work at the program, and the project staff could perceive that they altered their work in accord with the information at subsequent programs.

Although an attempt was made to make the questionnaires as clear and as easy to complete as possible by using numeric scales requiring only a circle or check mark response, open-ended questions were also used on all forms. In our attempt to collect as much data as the trainees would tolerate and to try to gather data relating to "training impact" and "ripple effect" of training within the target populations (concepts which did not have established measurement tools), we tended to have more and longer questionnaires than those used to measure short-term information gain or reactions to a specific training program. Frequently, the responses to open-ended questions were used to generate specifically coded questions on subsequent forms.

At this point it is important for the staff to note the contribution of the trainees to the evaluation component of this project. The 1976 trainees, for example, were faced with 38 separate questionnaires over the course of the project. Two factors probably influenced their willingness to respond: they knew that suggestions for changes in subsequent model programs would be given serious consideration, and many of them were involved with evaluation of training in their own work and had a vested interest in watching our evaluation procedures.

Response rates to the various forms varied. Using the Year 3 Program (1977) as an example, all 76 trainees completed the Program Application Form and the Pre-Program Survey. All 35 sponsored trainees completed the application for sponsorship. The Event Reaction Forms for 26 program events were distributed at the beginning and collected at the end of each program event; response rates varied from a high of 99% to a low of 58%. The SAR evaluation form was completed by 87% of the trainees. The General Program Evaluation, which was to be returned by pre-paid mail within a month after the program ended, was returned by 84% of the trainees.

FOLLOW-UP SURVEY

The Follow-Up Survey was mailed to all 310 trainees who attended the 1975, 1976, and 1977 program. The survey package included the 15 page questionnaire, a code sheet listing the program events for the year attended, and a pre-paid return envelope; the 24 non-U.S. trainees, however, did not receive this pre-paid return envelope. Completed questionnaires were to be returned by 07/14/78. Sponsored trainees who had not responded by that date were sent a letter extending the deadline to 08/15/78 and reminding them that sponsorship acceptance had entailed agreement to participate in the follow-up surveys.

The response rate to the Follow-Up Survey was influenced by several variables: the length was unusually long for a mail questionnaire (the cover letter indicated that one to two hours might be required to complete the form), the survey period coincided with the traditional summer vacation period, many trainees had moved or changed jobs during the three year peiod and had not left forwarding address with the Post Office or former employers, and the lack of return postage for foreign trainees coupled with a deadline which would require using air mail postage probably contributed to their low return rate.

Of the 310 surveys mailed, 106 were completed and returned and are included in this report. Allowing for the 5 surveys we know were not delivered due to address changes and the 24 surveys sent without pre-paid postage to foreign countries, the response rate for sponsored trainees was 62% and 26% for non-sponsored trainees. The over-all response rate, then, for U.S. trainees was 38% and is distributed as follows:

	1975		1976		1977	
	SPONSORED/NON-SPONSORED		SPONSORED/NON-SPONSORED		SPONSORED/NON-SPONSORED	
NO. OF TRAINEES:	24	111	33	66	35	41
NO. OF EXPECTED RESPONSES:	24	94	32	57	35	39
NO. OF RESPONSES:	13	21	20	14	23	15
RESPONSE RATE:	54%	22%	63%	25%	66%	39%

All data collected during the project has been key-punched and stored on magnetic tape. The data formats and statistical programs used have been the Statistical Package for the Social Sciences (SPSS) for all numeric and dichotomous variables, and Information Oriented Language (INFOL) for all alpha-character variables and open-ended questions. The figures used in the descriptive sections on the model programs and the trainees were generated from this total data base; the findings and conclusion sections will also draw upon the data base.

Not utilized for this report is information collected via informal methods. Having staff accessible to trainees and promoting an attitude that encouraged trainees to discuss their program reactions, has contributed immeasurably to this project. Planning decisions, including hiring of speakers and SAR facilitators, have been influenced by conversations over coffee, post-program letters or phone calls to individual staff members, and other non-structured exchanges of information. Occasionally, trainees have stated that they were conveying information that they preferred not to write on official program forms.

An additional source of data not used in the report is the Institute staff. Following each model program, a "de-briefing" meeting was held for all staff members, including student and hourly employees. This session generated not only program content suggestions, but more importantly, suggestions for repairing the flaws in the mechanics of conducting training programs. Throughout the entire project, all staff members have regularly approached the project staff with suggestions and recommendations on program content, program mechanics, and program evaluation.

PROJECT FINDINGS AND DISCUSSION

In keeping with the Experimental and Special Project Branch's report guidelines, this section will also be descriptive rather than consisting primarily of tables and statistical findings. With an additional respect for reader time and interest, we will be selective about findings presented. The selection of findings in this report are not based on making this particular project appear successful, but rather on providing information that may be of interest to other training units---including negative results.

At last count, our numeric data base had 570 separate variables and the alpha character data base had 166 different search fields on a total of 372 trainees. It is hoped that the inclusion of the questionnaire forms and some of the more lengthy code sheets in the Appendix will encourage other trainers and researchers to contact the Institute with questions particular to their needs. By using the Appendix materials to design a specific question using variables known to exist in the data base, a requestor could receive relevant information from our files at a nominal cost for programmer labor, computer time, handling, and shipping.

The usual warnings about adopting a critical view of statistical findings deserve reiteration. In order to analyze the data and to report any thing beyond individual cases, we have forced the trainees (whose diversity we were so elated about in the Trainees Section) into a handful of categories. In addition, these findings are based only on respondents. The data was taken from questionnaires and, therefore, the possibility exists for misinterpretation of the questions we asked. And in coding responses to some open-ended questions, the staff may have misinterpreted the answers. The only evaluation instrument that was pretested is the Follow-Up Survey. And while checking procedures were used for all the measurement instruments, coding errors may still exist on the data tapes.

DEFINITIONS

Before presenting findings about the projects' initial set of questions concerning replication of the model program and the "ripple effect" of the trainees, it was necessary to decide what "replication" and "ripple effect" meant for training in human sexual behavior in terms of the specific types of data we could reasonably collect.

For the purposes of this project, "replication" was considered to be:

> any reported use of a specific model program event (including informational content, format, techniques, audiovisual materials, etc.) regardless of the trainee's work setting.

This broad interpretation permitted us to collect reported usage data from those trainees working in direct patient care, administrative positions, consulting, research, and publication settings as well as from trainees working in training or teaching jobs. This also allowed us to outline various types of replication (use of event as presented in the model program, adapted event and then used, etc.).

"Ripple effect", within the goals of this project, was viewed to be:

> interaction by a trainee in a work setting in which aspects of the model program could be transferred from the trainee to at least one other person.

Again, we felt that we could collect data from all trainees regardless of work settings, but that some work settings would permit more opportunities for the type of information transfer of interest to educators when they speak of "training the trainers".

An added focus for this project was to train individuals who would potentially impact with specific target populations. A description of the type of data we collected on opportunities for "ripple effect" to occur, especially in the target populations, can be found in the section headed "Sponsored Trainees".

Additional initial questions listed in the project proposal concerned the assessment of differences among trainees and the three model programs. The summary question was "what assumptions can be made for designing a training program in human sexuality and for selecting trainees which will most efficiently produce the highest and longest lasting impact on a designated population".

REACTION LABELS

We are choosing to present the data related to replication and ripple effect as compactly as possible, although some specificity about individual types of trainees, specific program events, and types of opportunities for information transfer will be lost. After presenting the over-all data, however, we will report on one specific category of trainee in terms of job responsibilities, population served, and model program events. In addition, the fifteen tables from which this section has been drawn are included in the Appendix and are preceded by an instruction page. Use of these Reaction tables and the Program Event Code Sheets will permit the reader to more fully examine the program by his or her own area of interest.

The findings in this section are based on 103 respondents to the Follow-Up Survey. The organizing variables are:

- -- the model program attended and the program events (49 events in 1975, 33 events in 1976, and 27 events in 1977),
- -- the type of trainee (sponsored or non-sponsored), and
- -- the trainee's primary work setting (educational institution, public service unit, private practice, or "other" institutions--see Appendix for job setting codes).

The responses being examined are from the Event Evaluation Diagram on page 6 of the Follow-Up Survey. The diagram was a series of twenty-three boxes in which the trainee was to list the code number for each of the program events offered the year he/she attended. The original data was combined into five types of event reactions as shown in the chart on the next page.

NEW LABELS	ORIGINAL LABELS USED IN EVENT EVALUATION DIAGRAM (See page 6 of Follow-Up Survey)			
ACTIVE REACTIONS	I HAVE USED THE INFORMATION AS PRESENTED Box 10 Box 13	I HAVE ADAPTED THE INFORMATION AND USED IT Box 12 Box 15	THE USE WAS GENERALLY SUCCESSFUL Box 16 Box 18 Box 20 Box 22	THE USE WAS GENERALLY UNSUCCESSFUL Box 17 Box 19 Box 21 Box 23
POSITIVE PROFESSIONAL REACTIONS	EVENT MET MY PROFESSIONAL INTERESTS Box 04	I RECEIVED NEW RELEVANT INFORMATION Box 06	I RECEIVED NEW INFORMATION WHICH SEEMED IRRELEVANT AT THE TIME Box 09	I HAVE NOT USED THE INFORMATION Box 11 Box 14
POSITIVE PERSONAL REACTIONS	EVENT MET MY PERSONAL INTERESTS Box 03			
NEGATIVE REACTIONS	EVENT DID NOT MEET MY PROFESSIONAL OR PERSONAL INTERESTS BoxBox 05	I RECEIVED NO NEW INFORMATION Box 07	I RECEIVED INFORMATION WITH WHICH I DISAGREED Box 08	
NEUTRAL REACTIONS	I DID NOT ATTEND EVENT Box 01	I DO NOT REMEMBER EVENT Box 02		

Again, the reader is referred to page 6. of the Follow-Up Survey (see Appendix) for a clearer picture of the relationships between the original 23 boxes. The respondents were to use each program Event Code only once and to place it in the box which best described their current feelings about that event.

Any report of post-program usage of a particular program event, whether the trainee judged the usage to be successful or not, was viewed as reporting activity and assigned to the "ACTIVE REACTIONS" classification.

The staff also wanted to examine those events cited as meeting professional interests or providing new information, but were not reported as producing post-program activity. Those responses have been labelled "POSITIVE PROFESSIONAL REACTIONS".

An additional category was needed to include responses which did not produce activity or meet professional interests, but were also not negative reactions. That concept was designated as "POSITIVE PERSONAL REACTIONS".

"NEGATIVE REACTIONS" is used to categorize those boxes used to list those events which a trainee felt did not meet any needs or with which he/she actively disagreed.

The staff wanted to provide a mechanism for trainees to list events which they did not attend or did not remember. We have labelled this type of reaction as "NEUTRAL", but admit that it is not a clearly defined category. For example, program events missed due to travel arrangements are one thing, while events not attended because a trainee was not interested in the topic is another. An argument could also be made that "not remembering" is a negative reaction to an event. We are employing this Neutral category in spite of the problems in order to preserve the validity of the actively negative reactions which convey information of greater importance for this project.

The findings are presented in terms of the proportion of the type of reaction to each program event by the type of trainee (sponsored or non-sponsored) with similar job settings. These proportions can be discussed as percentages. For example, in 1975, Event 11 (a film on male homosexuality) was reported as having been used by 42% of the non-sponsored trainees in educational settings, while 21.4% had a negative reaction, 14.3% had a positive professional reaction, none of the 14 trainees recorded a positive personal reaction, and another 21.4% responded in the neutral category of not attending or not remembering this event.

1975 PROGRAM

The pattern of highest ACTIVE reactions (50% and above) to all events by each category of trainee job setting was:

SPONSORED (Education):	Event 35	Education and Counseling Program for the Indigent Mentally Disabled	(50%)
	Event 49	Adaptation of the Model Program	(50%)
SPONSORED (Public Service):	Event 06	Diseases of Sexual Transmission	(57%)
	Event 14	Principles of Gender Differentiation and Psychosexual Development	(57%)
	Event 22	Sex Education for the Handicapped	(71%)
	Event 45	Sexual Abuse of Children	(57%)
NON-SPONSORED (Education):	Event 02	Mammalian Sexual Behavior	(50%)
	Event 03	Anthropological Perspectives of Human Sexuality	(50%)
	Event 05	Heterosexual Behavior	(50%)
	Event 06	Diseases of Sexual Transmission	(57%)
	Event 07	Rape and Rape Investigation	(57%)
	Event 08	Homosexualities	(64%)
	Event 09	Homosexual Adaptations	(50%)
	Event 12	SAR	(50%)
	Event 14	Principles of Gender Differentiation and Psychosexual Development	(64%)
	Event 16	Bisexuality	(71%)
	Event 20	Gender Identity Development	(71%)
	Event 21	Transexualism Panel Discussion	(64%)
NON-SPONSORED (Public Service):	Event 04	Childhood and Adult Sexuality	(50%)
	Event 06	Diseases of Sexual Transmission	(75%)
	Event 08	Homosexualities	(50%)
	Event 12	SAR	(75%)
NON-SPONSORED (Private Practice):	Event 08	Homosexualities	(67%)
	Event 16	Bisexuality	(67%)

Of the 17 different events listed above rated as ACTIVE by 50% or more of each trainee group, only 5 program events have been categorized as such by more than one group (Events 06, 08, 12, 14, and 16).

And of these 17 high ACTIVE events, only 3 (07-Rape and Rape Investigation, 12-SAR, and 16-Bisexuality) received any level of ACTIVE reaction by all groups of trainees with some groups well below the 50% level. Another event deserves attention (36-Ostomating: Surgery and Psychological and Physical Sexual Dysfunctions) because it was cited as an ACTIVE reaction by all groups of trainees, but never occurred at or above the 50% level for any one group.

The sponsored education groups cited a NEGATIVE reaction to the following high ACTIVE events: Event 08 (50%), and Events 04, 21, and 35 (25%).

NEGATIVE reactions to high Active events by other groups were:

SPONSORED (Public Service):	Events 35 and 49	(29%)
	Events 04, 08, 20, and 21	(14%)
NON-SPONSORED (Education):	Events 04 and 14	(14%)
	Events 06, 08, 21, and 49	(7%)
NON-SPONSORED (Public Service):	Event 35	(50%)
	Events 21 and 49	(25%)
NON-SPONSORED (Private Practice):	Events 04, 06, 14, 20, 22, and 49	(33%)

In fact, only 3 events in the entire Model Program did not have any Negative reactions (01-Overview of the Institute Collections and Projects, 28-Training Sex Counselors for the Mentally Disabled, and 45-Sexual Abuse of Children).

We have also turned up our first instance of both very high Active and high Negative reactions to the same events within the same trainee group (non-sponsored-education) which disagreed on rating Events 06, 08, 14 and 21.

The 2 remaining high Active events not explained by association with a Negative reaction were Events 22 (Sex Education for the Handicapped) and 45 (Sexual Abuse of Children). They were reported in the Positive Professional category by most trainee groups, but also appeared as Positive Personal and Neutral responses.

1975 PROGRAM DISCUSSION

Replication of the 17 events (02, 03, 04, 05, 06, 07, 08, 09, 12, 14, 16, 20, 21, 22, 35, 45, and 49) was reported by at least 50% of the trainees from various groups.

We can also look for any differing reactions to the model program by the different trainee groups and make statements about what types of events were replicated in various institutional job settings. Trainees in educational job settings reported use of 9 different events at or above the 50% response level (Events 06, 07, 08, 14, 16, 20, 21, 35, and 49).

Trainees from public service units reported the same level of usage (50% and above) on 11 of these events (02, 03, 04, 05, 06, 08, 09, 12, 14, 22, and 45), 3 events were the same as reported by the educational group (06, 08, and 14). Trainees in private practice settings reported high replication for 2 events; Event 08 was cited by both of the other two groups, and Event 16 was cited only by the education group.

Another way of looking for differences among the trainee groups would be to see if having sponsorships made a difference in the types of program events reported as replicated. At least half (50%) of the sponsored trainees cited 6 events in the high Active category (06, 14, 22, 35, 45, and 49). Half (50%) or more of the non-sponsored trainees listed events 02, 03, 04, 05, 06, 07, 08, 09, 12, 14, 20, and 21. Only 2 events (06 and 14) appear for both groups; therefore, the non-sponsored trainees replicated not only more events, but different events than did the sponsored trainees.

1976 PROGRAM

Events reported by 50% or more of the respondents as being replicated or actively used were:

SPONSORED (Education):	Event 02	- Mammalian Sexual Behavior	(50%)
	Event 13	- Transexualism Interview	(50%)
	Event 32	- Going Back Home	(50%)
	Event 33	- SAR	(60%)
SPONSORED (Public Service):	Event 04	- Gender Differentiation	(60%)
	Event 05	- Sexual Interviewing	(50%)
	Event 07	- Homosexuality	(60%)
	Event 08	- Sex Roles	(60%)
	Event 12	- Sex Role Development	(50%)
	Event 24	- Sex and the Ostomate	(50%)
	Event 27	- Sexually Transmitted Diseases	(80%)
	Event 33	- SAR	(50%)
NON-SPONSORED (Education):	Event 32	- Going Back Home	(55%)
NON-SPONSORED (Public Service):	Event 02	- Mammalian Sexual Behavior	(50%)
	Event 03	- Anthropological Perspectives	(50%)
	Event 04	- Gender Differentiation	(50%)
	Event 12	- Sex Role Development	(50%)
	Event 13	- Transexualism Interview	(50%)
	Event 15	- Treatment of Sex Dysfunction	(50%)
NON-SPONSORED((Private Practice):	Event 12	- Sex Role Development	(67%)
	Event 13	- Transexualism Interview	(67%)
	Event 22	- Mentally Retarded & Physically Handicapped	(67%)

Of the 14 different events listed above rated as ACTIVE by 50% or more, six events were cited by more than one trainee group (Events 02, 04, 12, 13, 32, and 33), and six of these 14 events are cited at some level of replication by all trainee groups (Events 02, 03, 04, 12, 13, and 15).

An additional 7 of the high Active events (05, 07, 08, 22, 24, 32, and 33) appeared as zero scores in only one group (non-sponsored-public service); as that trainee group had only 2 respondents, the zero scores of these events could be due to one trainee not completing this section of the Follow-Up Survey evaluation.

The one high Negative reaction to any of the 14 high Active events was to Event 05. And one event (17) received high Negative reactions across all trainee groups.

Six program events (01, 12, 13, 20, 29, and 30) received no Negative ratings from any trainee group.

1976 PROGRAM DISCUSSION

Again, we can discuss reported replication of specific program events with the 14 events cited by at least 50% of one or more trainee groups.

Examining the differences among the high Active reactions by job setting, the education group reported replication of 4 events (02, 13, 32, and 33); the public service group cited 11 events (02, 03, 04, 05, 07, 08, 12, 15, 24, 27, and 33). The trainees in private practice listed 3 events at the high Active level (12, 13, and 22).

The public service group, therefore, reported usage of more events than the other two groups and agreed with the education group on only Events 02 and 33 (Mammalian Sexual Behavior and SAR), and with the private practice group on Event 12 (Sex Role Development).

Looking at the high Active reactions by sponsored and non-sponsored trainees, we find that the sponsored trainees cited 11 of the 14 events (02, 04, 05, 07, 08, 12, 13, 24, 27, 32 and 33). The non-sponsored trainees gave high reactions to 8 events (02, 03, 04, 12, 13, 15, 22, and 32) with agreement between these groups on 5 events (03-Anthropological Perspectives, 04-Gender Differentiation, 12-Sex Role Development, 13-Transexualism Interview, and 32-Going Back Home).

1977 PROGRAM

The responses being called high Active reactions in the 1977 program are at the 50% or above level for 2 trainee groups: sponsored (education), and non-sponsored (education). The sponsored (private practice) group consists of only one person, making all "group" responses equal to either 100% or 0 and leading to possible misinterpretation when data is discussed in terms of groups; the response for that category will therefore be used only when discussing all trainees. The sponsored (public service) group was computed as having the 42% level as its highest Active category; we will be using that block of answers when groups are discussed because it represents 12 trainees of particular interest to the project goals. And finally, responses called high Active by the non-sponsored (private practice) group are reported at the 50% or above level.

Program events rated in the highest Active reaction levels were:

SPONSORED (Education):	Event 04 - Anthropological Perspectives	(50%)
	Event 05 - Adolescent Sexuality	(63%)
	Event 06 - Homosexuality	(50%)
	Event 08 - Blue Collar Marriages	(50%)
	Event 09 - Sexual Attitudes	(50%)
	Event 11 - Sex Education for the Physically Handicapped	(50%)
	Event 12 - Management of Cancer Patients	(50%)
	Event 16 - Sexually Transmitted Diseases	(50%)

SPONSORED (Education): continued.....	Event 19	- Sex Education for the Mentally Retarded	(50%)
	Event 21	- Gender Development	(63%)
	Event 25	- Sexual Response Physiology	(50%)
SPONSORED (Public Service):	Event 16	- Sexually Transmitted Diseases	(42%)
	Event 22	- Sex Role Development	(42%)
	Event 25	- Sexual Response Physiology	(42%)
	Event 26	- Program Reactions and Re-Entry	(42%)
	Event 27	- SAR	(42%)
NON-SPONSORED (Education):	Event 09	- Sexual Attitudes	(73%)
	Event 22	- Sex Role Development	(55%)
	Event 25	- Sexual Response Physiology	(55%)
	Event 27	- SAR	(55%)
NON-SPONSORED (Private Practice):	Event 03	- Mammalian Sexual Behavior	(100%)
	Event 04	- Anthropological Perspectives	(50%)
	Event 06	- Homosexuality	(50%)
	Event 07	- Marital Change	(50%)
	Event 08	- Blue Collar Marriage	(50%)
	Event 17	- Paraphilias	(50%)
	Event 21	- Gender Development	(50%)
	Event 22	- Sex Role Development	(50%)
	Event 23	- Films (miscellaneous topics)	(50%)
	Event 25	- Sexual Response Physiology	(50%)
	Event 27	- SAR	(50%)

Of the 18 different program events reported as most actively used since the program, only 5 events were cited by more than one trainee group (Events 09, 16, 22, 25, and 27). Only Events 06, 22, and 27 were cited by all trainees as being at some level of Active reaction--a count heavily influenced by the single respondent in the sponsored (private practice) group.

If we look only at the three largest trainee groups; sponsored (education), sponsored (public service), and non-sponsored (education), only 1 event of the 18 high Active events is at the zero level of usage for one group [Event 03 for the sponsored (public service) group]. In summary, 17 program events are reported as being used by nearly half of all trainees.

Again, using only the three largest trainee groups, significant negative reactions were recorded for the following high Active events:

SPONSORED (Education):	Event 05	(38%)
	Event 07	(38%)
	Event 17	(38%)
SPONSORED (Public Service):	Event 05	(58%)
	Event 07	(58%)

NON-
SPONSORED (Education): Event 07 (46%)
Event 17 (36%)

This is our second instance of both a high Active (63%) and a high Negative (38%) reaction to an event within the same group of trainees--Event 05 for sponsored (education) trainees. In the case of the other two high Negative reactions (Events 07 and 17), both had been rated as high Active by only the non-sponsored (private practice) trainees--a difference between groups.

1977 PROGRAM DISCUSSION

As outlined above, nearly half of all trainees are reporting some level of useage of 17 program events (04, 05, 06, 07, 08, 09, 11, 12, 16, 17, 19, 21, 22, 23, 25, 26, and 27).

Looking for differing high Active reactions among the trainees' job settings, we find that the education group used 13 events (04, 05, 06, 08, 09, 11, 12, 16, 19, 21, 22, 25, and 27). The trainees in public service listed Events 16, 22, 25, 26, and 27, overlapping on 4 events (16, 22, 25, and 27) with the education group but using far fewer events.

The events reported as used the most by trainees in private practive were Events 07, 17, and 23 illustrating no over-lap with either of the other two groups. In fact, the highest rated event (03) for trainees in private practice is ranked as not used at all by the largest trainee group (sponsored-public service) and as rarely used by the other groups.

Comparing the high Active reactions on the basis of being a sponsored or a non-sponsored trainee shows that 14 of the 17 events were used by the sponsored trainees (Events 04, 05, 06, 08, 09, 11, 12, 16, 19, 21, 22, 25, 26, and 27). The non-sponsored group, on the other hand, has used 6 of these 17 events (Events 07, 17, 22, 23, 25, and 27), only 2 of which (Events 22 and 27) were also used by the other trainee group. The difference between these groups in the number and type of events replicated is particularly interesting since they had only one year between program attendance and the follow-up survey from which this data was taken.

DISCUSSION OF "REPLICATION"

The definition of "replication" used to design the Follow-Up Survey and to discuss the program findings was based on the concept of reported usage of some aspect of a model program event. This is quite different from the project staff's original concept of "replication" as being copying or duplicating an event in a trainee's home work setting. The use of "replication" in this later section of the report, therefore, differs from the way the word was used earlier in the Training Program Section, and also differs from the way it is used in most traditional education or training literature.

The project staff made predictions for all three model programs as to which events would be easiest to duplicate in most work settings given adequate staff time to prepare lectures and nominal financial resources to rent or purchase audiovisual materials, equipment, and hire speakers if needed. Our knowledge of the content of the events allowed us to also factor in such elements as published information available, audiovisual items commercially available for purchase or rental, and the availability in most geographic areas of the type of presentor used in the model program.

Our predictive record was not good; we assigned only 7 of the 17 events (41%) reported by the trainees as frequently used to the "easy to replicate" group for the 1975 model program, 5 of the 14 high Active events for 1976 (36%) and 8 of the 18 high Active events for 1977 (44%). Clearly, usage was occurring but either the trainees were more resourceful than we had thought or a form of usage other than duplication of events was being reported.

Because the Institute's work setting is primarily educational, we thought we might have biased our predictions in favor of trainees from similar settings. Thus, a comparison was made between our predictions and those high Active usage events reported by trainees in educational work settings. For 1975, we correctly predicted 5 of 9 events (56%), 3 of 5 for 1976 (60%), and 6 of 13 events (46%) for the 1977 model program. While this comparison yielded somewhat better predictive rates, the results are disappointingly low considering that we had had nearly 10 years of training experience.

In every case where our predictions of an event as "difficult to replicate" was presumably contradicted by the trainees, the major factor in constructing these initial staff predictions was that the event employed unique materials (e.g., videotapes, slides, films, unpublished research results, etc. not released for distribution). An additional factor in our predictions concerned the level of expertise of the presentors. It was assumed that the model program presentors were able to draw upon a greater level of expertise in the question and answer period than would most other available individuals. (For a discussion of the Institute's unique ability to attract presentors not widely available to other training units, see the section on Resources.)

There is nothing specifically included in this project which permits us to explain why this discrepancy between predicted usage and reported usage occurred, though a major portion of the explanation probably is that the trainees are reporting that they are using portions of an event (e.g., part of the information, at least one of the theoretical concepts or techniques, one or more of the audiovisual items, etc.). Or perhaps, simply attending an event changed a trainee's attitude toward a sexual behavior and led to post-program reading which was then used in his or her work.

Another aspect of replication that has not yet been discussed concerns the reported usage by trainees whose work is primarily with individual patients or clients. We hypothesize that those trainees use different elements from a program event or that they use the same event elements in different ways than do the trainees involved with teaching or training.

In summary, though we did find "replication" of the model programs, we still cannot describe what that replication was. Using the trainee categories to generate a sample population for in-depth, face-to-face interviewing within various job settings is the only method the project staff would recommend for attempting to investigate this crucial question.

DISCUSSION OF "RIPPLE EFFECT"

Another goal of the project was to examine the transfer of the program training into the trainee's home setting. Due to the variety of job responsibilities of the trainees, it was difficult to design a questionnaire that queried this issue as specific questions that were also flexible enough to fit all work aspects in which such a transfer could take place. The open-ended question in the Follow-Up Survey, "Individual Program Impact Report", generated answers difficult to code into specific categories. We have, therefore, elected to discuss ripple effect in terms of two variables we were able to measure with some specificity.

One variable, reported reactions to specific model program events, has been used and previously discussed; in this section we will focus on only the Active reactions which will give us a list of program events that the trainees report having used in some form.

The second variable will focus on known opportunities for a trainee to transfer the training in his or her work. A discussion on the concepts and coding related to this variable are in the section headed "Sponsored Trainees". Also note in that section the illustration of a specific group of target trainees--those sponsored trainees who provided services (such as training, policy making, teaching, workshops, curriculum and materials design, etc.) to other health care professionals. We found that those target trainees had a total of 4,527 opportunities to directly transfer the training to other service workers at the county, multiple county, state, multiple state, and national levels.

Remembering that we are dealing with self-reported data and that we have no way of establishing which, if any, of the above "opportunities" were actually used, we can now look at which model program events have been used by those trainees who have impact on other professionals at all geographic levels.

Forty-three of these key sponsored trainees returned the Follow-Up Survey with 16 respondents from the 1976 model program completing the Event Evaluation Diagram and 20 respondents completing the diagram for the 1977 program. The following data will be based on these 36 sponsored individuals who we have described earlier as best fitting the project focus of "training the trainers". The events used by the trainers are listed in descending order by the percentage of these respondents reporting usage.

The 16 "trainers" who attended the 1976 model program reported that they have used every event except Event 17 (Resurrection, Resurgence and Augmentation of Sex and Sexuality in the Post Menopausal Woman). The 32 events that the trainers reported usage of were:

PERCENT	EVENT NUMBER	PROGRAM EVENT TITLE
63%	33	SAR
56%	04	Gender Differentiation and Psychosexual Development
	08	Sex Role Research
50%	05	Sexual Interviewing and Developmental Sexuality
	12	Atypical Sex ROle Development in Children
	24	Sex and the Ostomate
	27	Sexually Transmitteed Diseases: Clinical Approach
44%	07	Appraisal of Homosexuality
	32	What Do You Do When You Get Home?
38%	02	Mammalian Sexual Behavior
	13	Transexualism - demontration interview and discussion
	25	Films on Special Problems
31%	03	Anthropological Perspectives of Human Sexuality
	10	Our Sexual Attitudes and Values
	14	Sex Therapy & Counseling with Lower Socioeconomic Groups
	21	Sexuality of the Spinal Cord Injured
	22	Sexual Rights & Responsibilities of the Mentally Retarded and Physically Handicapped
	26	Rape and Community Resources (panel discussion)
	29	Paraphilias
	30	History of Pornographic Films
25%	01	Overview of the Institute: Projects, Collections and Services
	15	Psychosexual Treatment of the Sexual Dysfunctions
	18	One-Day Intensive Workshop for Women
	23	Sexual Behaviors and Problems Among Deaf People
19%	06	Sexual Development & Behaviors in Varying Socioeconomic Groups
	09	Homosexualities
	11	Sex Education Programs and Problems
	20	Films on Physiological Responses in the Lab
	28	Community Services & Agencies
	31	History of Censorship
13%	16	Utilization of Graphic Expression in the Modification of Sexual Behavior
6%	19	Use of Instructional Systems in Treatment of Ejaculatory Dysfunction

The trainers reporting usage of events from the 1977 model program say that they have used all of the events in the following order of percentage of the 20 responses:

PERCENT	EVENT NUMBER	PROGRAM EVENT TITLE
45%	16	Sexually Transmitted Diseases: Clinical Approach
40%	09	Sexual Attitudes and Values
	21	Gender Development
	22	Atypical Sex Role Development in Children
	25	Sexual Response Physiology
	26	Program Reactions and Re-Entry Problems
	27	SAR
30%	05	Adolescent Sexuality
	08	Blue Collar Marriage and the Sexual Revolution
	15	Professional Ethics
	18	Sex Education for Social Workers & Other Human Service Personnel
25%	06	Appraisal of Homosexuality
	10	Patterns of Resistance to Sex Therapy
	11	Sex Therapy and Sexuality Education for the Physically Handicapped
	12	Psychological Principles in the Management of Cancer Patients
	19	Sexuality Education for the Mentally Retarded
	23	Films (miscellaneous topics) I
	24	Films (miscellaneous topics) II
20%	04	Anthropological Perspectives of Human Sexuality
	13	Films on Special Problems
	17	Paraphilias
10%	02	Overview of the Institute: Projects, Collections & Services
	03	Mammalian Sexual Behavior
	07	Marital Change
	14	Assessment and Interpretation of Sex Research Literature
	20	History of Censorship
5%	01	Welcome to the Program & Program Goals

Once again, the data related to a project goal exists; and we can discuss which model program events or topics were reported as being used more frequently than others. In this case, we can even say which topics were used by trainers as opposed to those used for direct patient care or some other form of work.

However, the data can not tell us how many or which of the 4,527 potential opprotunities for "ripple effect" actually occurred. Nor can it tell us which program events were used in those transfer instances which did occur. These questions remain unanswered by this project; they should be explored by face-to-face interviewing of this key group of trainers. Perhaps we could then see if different model program events are used at the local area than are used at the national level, or if trainers from different areas of the country use different events. Only then can program planners have an adequate picture of how their training may be used.

GENERAL FINDINGS

Because the project staff felt that training could have other results than replication of the model program or transfer of the training to others, we collected information on the Follow-Up Survey about other types of professional behavior. Up to this point in the report, we have reported data related to specific program events; this section will focus on reactions to the model program as a whole training experience.

The instructions in the Follow-Up Survey stated that the trainee should answer the questions from a framework of "current reactions to the program you attended or since leaving the program." Data in this section is based on the 103 trainees who completed the Follow-Up Survey. Any significant differences between sponsored and non-sponsored trainees, job settings, or between trainees who attended different model programs will be noted, although few occur.

All means and percentages are based on actual responses to an individual question. The number of responses being used ranged from 103 to 64 with nearly all questions having approximately 80 responses. Large departures from a response count of 80 will be noted. Figures are calculated without zero or nonresponses.

USEFULNESS OF MODEL PROGRAM

Responses to questions about the usefulness for teaching were recorded on a likert scale of 1 (strongly disagree) to 9 (strongly agree). Mean scores were 6.6 for designing a new course or program in human sexuality, 7.0 for revising a course, and 6.7 for adding human sexuality to a course in some other topic. We had expected higher scores from trainees in education and lower scores from the most recent trainees who might not yet have had time to effect changes. While trainees in educational settings did have slightly higher mean scores, there was no pattern showing an increase in usefulness with length of time since attending a model program.

Trainees reported that program attendance was useful in beginning to do sex therapy or counseling (mean = 5.7), adding a new technique to an existing practice (5.9), and adding sexual areas to some other speciality practice (6.2). In many cases, however, respondents stated that the program should only be used to supplement other more traditional training in therapy and counseling; it would not be adequate training by itself.

Other questions and results were that the program was useful to progress in research (6.3), learning about useful resources (6.9), and learning about audiovisual resources (6.5). Materials given to trainees in their registration folders and distributed at the program had a mean rating of 6.6. Although only 64 trainees provided a response, those trainees who visited the Institute library noted that experience at 7.0.

The mean ratings for the above questions specific to various types of usefulness ranged from 5.7 to 7.0 (interpreted as mildly agreeing with the various statements). However, when we asked if the program met the trainee's goals for attending, the mean rose to 7.6. Additionally, the trainees gave a mean response of 8.0 to the statement evaluating the program as worthwhile and willingness to recommend the program to colleagues.

POST-PROGRAM CHANGES

Even though trainees agreed (mean = 7.6) that participation in the program increased their factual information on human sexuality, many trainees also reported post-program increases in information-seeking behaviors. Nearly half (47%) had contacted the Institute, 38% had contacted another group that they heard about at the program, 51% had contacted other trainees, 43% reported contacting a program presentor and 57% felt that they read more about the topic. Of 86 responses, 93% reported that they have a better idea of where to seek out information on sexual issues. In addition, 64% of the trainees have sought out other training opportunities in human sexuality.

CHANGES IN WORK

Participants in our earlier programs had reported that they noticed changes in their work, especially changes resulting from co-workers and others viewing them as "experts" in sexual questions. The project trainees reported similar post-program reactions. Most trainees (85%) stated that other staff in their unit regard them as a resouce for sexual information and make referrals to them. Many trainees (66%) even report receiving referrals from staff from other units or agencies. Nearly half (48%) find that their contacts now include occupations and professions different from their own.

Perhaps these increased demands are partially the result of broadened activity by the trainees. Over half (60%) of the 85 respondents say that they have investigated other agencies as potential referrals for sexual issues, and 67% have been involved with coordination of the provision of services by multiple agencies or units. Another contributing factor may be a change in the trainee's work; 86% reported that they are more sensitive to sexual questions or problems in their work.

PERSONAL CHANGES

A number of the trainees reported that they have evaluated their jobs and enlarged their responsibilities in the sexual area (65%). Many have evaluated their total career plans (51% of the 83 responses) and thought about job changes and/or additional education that would enlarge their work in the area of human sexuality. In fact, among the respondents , 32% reported that they were currently enrolled in an academic program and 43% reported a change in jobs or job responsibilities. We do not know how many of these changes are increased focus on human sexuality, but it is likely that some are.

Questions about other types of personal changes by the trainees were asked, but the results are inconclusive. Trainees agreed (mean = 6.9) that participation in the program made them more comfortable professionally in dealing with the subject of sexuality. They also agreed (6.7) that it increased their understanding of their own sexuality. When we asked if participation had changed their sexual values, however, the 85 respondents had a mean response of 4.6--not sure.

We are concerned about that last finding because many of the respondents noted on the survey form that they were "already liberal before they attended". As making trainees "liberal" had been neither a stated or unstated goal of the project staff, the judgement of "liberal being better" is an assumption made by the trainees. The program attempted only to provide exposure to the full range of sexual behaviors and an opportunity for trainees to examine their values about various behaviors (through the SAR). This is a response that needs further research because of its implications about the attitudes held by in-coming trainees--attitudes which this project did not measure.

SAR FINDINGS

The Sexual Attitude Reassessment workshop is fully described in the Training Programs Section. In that section we noted that the SAR changes made during the project were different from other model program changes and that SARs in general deserved particular attention.

The SAR Weekend Evaluation Form (mentioned in the Assessment Section and found in the Appendix) was distributed to the trainees for completion at the end of the final SAR session. Findings are being reported on these immediate reactions by a total of 191 trainees (82 of the 1976 trainees, 57 of the 1977 trainees, and 52 of the 1978 trainees). We will also compare these responses with those made by the 103 respondents to the Follow-Up Survey, thereby giving us a way of looking for any changes made over time. As the SAR evaluation form was not implemented until 1976, there is no data to report for the 1975 trainees.

Pre-SAR Expectations

Of all trainees attending the 1976, 1977 and 1978 SARs, 19% had never had any form of intensive small group experience and 56% had never attended any other SAR. The remaining 44%, however, reported attending at least one other SAR with 5% reporting 10 or more previous SAR experiences. In addition to asking about different small group experience levels, we asked trainees why they had signed up for participation in the SAR. The responses were to be coded on a likert scale of 1 (strongly disagree) to 9 (strongly agree). It is important to remember that these questions were asked at the end of the SAR and, therefore, may not present an accurate picture of pre-SAR feelings.

Over half of the trainees "wanted to learn more about how SARs are conducted" with a mean response of 6.6, and over half of all trainees wanted "to get to know other participants on a deeper level" (mean = 6.4).

Two findings were of particular interest to the project staff. In spite of our written and oral statements that the SAR was not designed for individual therapy, 31% of the trainees "agreed with" and an additional 21% were "not sure" about the statement, "I signed up for the weekend to get a better handle on a sexual problem(s)" (mean = 4.7). Even though 83% of the trainees agreed that they had signed up for the weekend "to reassess my sexual attitudes and values" (7.4), the remaining 17% either disagreed with or were not sure about that statement--

and that statement was an explicitly stated goal of the SAR.

The SAR Process

We asked a series of questions relating to the trainees' experiences during the SAR. The data from the SAR form shows that trainees felt comfortable (mean = 7.3), felt emotionally involved (7.7), engaged in self-revelation (7.8), did not fear attack of rejection (4.3), did not experience coercion (2.6), and did not fear self-disclosure (3.7).

The mean responses listed above document two issues of concern about SARs: experiencing strong feelings appears to be inherent in the SAR process, and there were trainees who had experiences which were different from the mean responses. Any time that a program has trainees reporting that they experienced coercion in the context of discussing an area as personal as an individual's sexual attitudes and values, the program staff has the responsibility to investigate and take steps to see that anything contributing to such reports is corrected.

The incidence of these disturbing findings was steadily reduced throughout the project (see discussion of SAR changes in the Training Programs Section) from 16% of the 1976 trainees who agreed that they had experienced coercion to 2% of the 1978 trainees. This reduction, however, does not negate the fact that some trainees had an unacceptable SAR experience and that the problem has not been totally eliminated.

Other less emotional evaluations were that trainees just slightly agreed that there was a consensus on goals in their group (mean = 6.0) and that a feeling of unity and mutual trust existed at the beginning of the SAR (6.0). There was more agreement (7.9) that there was a feeling of unity and mutual trust at the end of the SAR. The trainees also agreed that they had gained a great deal personally (7.4) and professionally (6.8) from the SAR experience. Trainees who had attended other SARs agreed that the model programs' SARs compared favorably (70% with a response of 7, 8, or 9--indicating strong agreement).

Again, it is important to call attention to the fact that 5% of all trainees disagreed that there was personal gain and 9% disagreed that there was professional gain. These negative figures also declined throughout the project (disagreement with personal gain was 7% in 1976 and 2% in 1978 , and disagreement with professional gain was 11% in 1976 and dropped to 4% in 1978).

SAR Reactions Over Time

Considering our concern about the SARs, the staff was somewhat surprised by the findings in the Follow-Up Survey. We have already noted in the Project Findings Section that the SAR was one of the model program events being actively used by a high percentage of trainees (41% of 1975, 35% of 1976, and 35% of the 1977 respondents).

In addition, 78% of the respondents "agreed" to "strongly agreed" with the statement that the SAR "contributed to the value of the program for me" (mean = 7.4). More over, 87% felt that a SAR should be part of an ideal training program, with nearly half of those respondents stating that SAR attendance should be mandatory (the SAR was optional in the model programs).

In examining the data, we looked at the Follow-Up Survey responses of those trainees who had also completed the SAR evaluation form immediately after the SARs and had given low ratings on personal and professional gain. Unfortunately, the number of trainees involved is too small to answer many of our questions.

Of the 5 trainees who responded with a rating of 5 (not sure) to 1 (strongly disagree) to the earlier question on personal gain, 2 currently "strongly disagreed" and 3 "disagreed" that the SAR contributed to the value of the program--none appeared to have changed their view of their SAR experience over the years. Of the 12 trainees who had initially given the above low rating to professional gain, 5 (42%) retained their low rating on the Follow-Up Survey. However, 7 of these trainees changed their views with 1 (8%) now rating the SAR's contribution to the program value as "slightly agree", 2 trainees (17%) marking "agree", and 4 of the original group (33%) now answering "strongly agree"--over half have changed their ratings.

Because the staff had discussed the problem of low SAR reactions with most of the trainees involved and had heard reports of what the individuals labelled as "sexist behavior" occurring in the small groups, we checked the data. Of the 5 trainees who had a low personal gain rating and retained that rating of the SAR value over time, all were females. Two thirds (67%) of the trainees with low ratings of professional gain were females. More females than males exist in this group than would be expected, since only half of all trainees were female.

We cannot make comparisons across the project years on all the variables potentially contributing to low SAR ratings because we acted upon what we felt was one of the primary factors. Unsatisfactory ratings of any group facilitator meant that he/she was never rehired for a subsequent program. We did attempt to isolate those variables which might be associated with a low opinion of the value of their SAR by using factor analysis. The findings are inconclusive, but do seem to include being female, having not attended any other workshops on sexuality, not having attended other SARs, and not having had any previous small group experience regardless of the organizing topic. Since half of our trainees were female, over half had not had previous experience with a SAR, and yet gave the project's SARs high ratings, there is obviously a more complex set of factors contributing to a strong negative reaction to the SAR experience.

It is doubtful that the remaining questions about the SAR can be answered by any method other than personal interviews. These trainees do not seem to have severed their ties with the Institute, in fact their response rate of over 50% exceed the over-all response rate to the Follow-Up Survey, and could potentially provide all staff involved in conducting SARs with a specific list of variables crucial for planning purposes.

AN "IDEAL" TRAINING PROGRAM IN HUMAN SEXUALITY

The Follow-Up Survey contained eight questions which asked the trainees to help design an "ideal" program for covering topics related to the target populations of this project. The instructions specifically asked that the responses be within the framework of "for individuals who are in job settings similar to yours". Of the 103 respondents to the Follow-Up Survey, approximately 85 gave answers to the following questions. (See pp. 11-14 in Follow-Up Survey found in the Appendix.)

TOPICS

The model programs used two methods to present these special topics, both within the context of a broad overview of human sexual behavior: as separate presentations and imbedded in more general presentations.

The trainees strongly preferred (47%) to have special topics covered as separate presentations in conjunction with a general course in human sexuality. Other ideal methods were cited: covered only after a separate course in sexual behavior (22%), imbedded in general lectures in conjunction with a general course (19%), as totally separate workshops (6%), and only within the context of an academic curriculum (1%). The remaining possible response of "workshops of any form are not really necessary because specialized reading lists and/or guides to resources yield as much useful information" was not selected by any respondent.

Part of the description of an ideal program, therefore, is some form or combination of special topics with a general course in human sexuality (total of 87%). The trainees were also asked "why" they answered as they did; some selected responses are:

> "...understanding the general area and then realize that these populations may feel the same as we do, but cannot express themselves or make approaches..."
>
> "From my experience in education I have found that one assumes people have basic sexual information upon which a workshop is based. This is usually an invalid assumption."
>
> "...to remove the implication of sexual pathology from handicapped conditions...part of the diversity of sexual behavior."
>
> "...to enhance humanization and effective service."

PRESENTORS

Who should teach or present information at an "ideal" program? Among the available answers were: researchers who have done projects on the subject area (10%), administrators of services designed to serve the specialized populations (1%), service delivery staff of such units (20%), and consumers of specialized services stating their own needs (9%). Over half (53%) of the respondents, however, chose to write in another option: "all of the above".

Representative quotes from their reasons for responding as they did frequently highlighted another presentor quality--competency as a lecturer regardless of professional credentials:

> "I could not ideally see this done by any single one of the above...each can give valuable input."
>
> "Anyone who knows and does, and has experience."
>
> "People with highly developed communication skills who have an excellent grasp of the specific topic."
>
> "I feel a strong desire to have consumers state their needs and see how different staffs have delivered the services necessary."

LOCATION

Responses to a variety of places where training could ideally be offered were: within your home institution or work unit (3%), on a community basis including all service units in your local area (34%), on a regional or state basis (19%), and on a national basis (25%). Many respondents (19%) supplied "other" answers which are included with the following reasons given to explain responses:

Community level:

> "Each community may have problems peculiar to its own environment."

Regional or state level:

> "Due to the specialized content and the limited population interested in that content, a regional plan seems best."
>
> "Since I work in a state job, I think it's important for us to see what others in other states are doing, to share with persons operating at the same level in order to improve our goals and activities."

National level:

> "To allow for the exchange of ideas and experiences from as diversified a group as possible."
>
> "To function effeciently, and to decrease provincialism..."

"Other" answers:

> "Depending on size and availability of resource people, all of the above would be ideal choices."

TRAINEES

Ideally, who should attend the training program? Only trainees from similar job settings and educational backgrounds (4% of the respondents), only trainees from similar job settings regardless of education backgrounds (3%), only trainees from one institutional setting regardless of job responsibilities (3%), or trainees from various job settings and/or educational backgrounds (84%).

Representative comments are listed below; though frankly, the project staff omitted a crucial related question: should the general public be admitted to your ideal training program? And, in this case, our highly articulate respondents did not address themselves to this issue either.

> "The area is so diverse and the need so universal, that an interdisciplinary approach is the most useful."
>
> "...same subjects have different meaning and implications to those with different backgrounds, I found this information very helpful."
>
> "...so that the target populations will receive uniform and good treatment despite the disparate backgrounds of those being trained."
>
> "The concern and desire to learn more to assist more, are key ingredients we learn from differing disciplines and job settings."

FORMAT

The project trainees were asked which format was best for their ideal program: all lectures, including time for questions and answers (1% of the respondents selected this option), all small group presentations to promote discussion (none selected this option), or a mixture of lecture sessions and small group discussions (92%).

Sample comments are:

> "Lectures are useful in providing a structure of factual information which people may need to even get into meaningful discussion. Discussions are essential in helping people deal with strong feelings triggered."
>
> "Large group lectures have a low rate of information retention especially when there is little time for questions which increases frustration."
>
> "Time is needed to question and assimilate new information, both on an intellectual and on a gut level. Discussion groups can be an important means to facilitate such processing..."
>
> "In most instances there is a certain amount of information

> that needs to be presented in lecture format. However, I feel some of the best learning can be accomplished in small groups or experiential sessions."

Some of the comments on this question lead the staff to believe that the question was not phrased clearly enough to exclude answers related to SARs. The vote for a "mixture" is so large and well documented, however, that we can say that small group discussions are very important for this group of trainees.

LENGTH:

How long is your ideal training program? We provided three options and received the following responses: one day (1%), one weekend (25%), and one week (38%). The trainees again not only commented on our options but supplied and documented (20%) an additional option of "it depends on your training goals". Another 17% provided various other approaches:

> "5 days (2 days of SAR, 3 of lectures and small group discussion). Program in 1975 was too long--much of the didactic information could have been condensed. 5 days is a more realistic time to be away from a job and family obligations."

> "Time for processing lecture material, formal and informal group discussion, and exploration of own feelings needed. Allows for development of supportive group climate in exploring new ideas and some continuity--too seldom available."

> "At least one week..there is too much material to cover... 14 days would be more appropriate."

> "No ideal exists outside of the specific goals of the program, one day can be too long and one week not enough depending on what is to be accomplished."

MATERIALS

The staff had thought that using explicit sexual materials (films, slides, etc.) might be an issue for training programs, especially those at the local level. Either our respondents have already used such materials without difficulties, or they have not seriously considered potential problems; we do not know which explanation is more likely.

The official tally (99%) was that all but one respondent thought that such materials were appropriate "for people in job settings similar to yours". The single negative response was from a trainee who misunderstood the question and replied that she would not use such materials for her public school students.

Two sample rationales:

> "...where do people have opportunity to see sex behavior--also, a picture is worth a thousand words--it works."

> "Forces individuals to deal with their attidues as well as promoting learning."

SAR

We have already devoted a great deal of attention to the issue of SARs, but felt it was important to ask our trainees how their ideal program would handle the question. The possible responses and their rates were: SAR offered in a separate time block and required as part of the total program (48%), SAR offered as separate sessions, but spread throughout the program (e.g., every evening) (21%), a SAR should not be offered at all in the context of a training program (1%), SARs should be available but only as a separate program by itself (12%) and a SAR should be offered with a didactic program but be optional (18%).

Some comments are:

> "Because I don't see how people can work in this human sexuality field, particularly with special problem groups unless they are pretty comfortable with sexuality--their own, others, etc. Competence of group leaders, however, is crucial."
>
> "This is a personal growth program that should precede the rest of the program in order to increase comfort and receptivity to the material presented in the total program."
>
> "One's attitude assessment may represent problems in certain communities, to become an extreme liberal in a conservative community might pose some problems."
>
> "I feel it is extremely important for anyone working in the area of human sexuality to have an opportunity to examine their own feelings and beliefs."
>
> "I believe every presentation does and should confront one personally with one's own attitudes, and time should be provided for response after each presentation. The material can also be generated by the participants. I dislike SARs separately."
>
> "Keep it the way you had it in 76, but choose your group facilitators more carefully."

IDEAL PROGRAM: COMBINATION OF ELEMENTS

As a final question, we asked the trainees to combine all of the organizing elements they felt were important into a single package of an "ideal""program for individuals similar to themselves. Only 16% of the survey respondents answered this question, influenced no doubt by its position as the final item in the lengthy questionnaire. Sample responses, however, include:

"The block of time of one weekend is not long enough including a SAR. Workshops are to be offered in each state, given by service delivery staff in each area. Participants will be drawn from various job settings and educational backgrounds and will meet in both large lecture groups and small discussion groups during the workshop. The workshop will be held on two to three weekends a month apart and will have explicit films."

"4 day program presented by researchers and care deliverers -- present the entire program in lectures and small group work settings. Cost of participant tuition to cover materials needed and honoraria. Participants from varied fields, jobs, and educational levels, so they can contribute to small group input from diversified views."

"Program is built around cognitive and affective needs of the participants. Feelings need to be processed, autonomy granted, flexibility allowed. Program is structured for learners, not schedule makers. Cognitive presentations should be organized in coherent structure. A wide variety of viewpoints should be offered to avoid us/them dichotomies (i.e., therapist/educator). Opportunities to discuss and internalize cognitive material is essential. Feelings raised by presentations should be processed immediately."

"Obtain community training funds, 2) establish a committee of representatives from the larger services--but different client populations, 3) obtain continuing education credit for all involved, 4) depending upon size of community, each agency recommend a number of people to attend training seminar, 5) establish program that extends over a 10-15 week period, meeting once a week for 3-4 hours during company time, and 6) include mandatory attendance at 4 day SAR, at some point in first half of the program."

"I would not attend any training program dealing with special populations under any format, time or location. I would be interested in attending specialized program in adolescent, geriatric/aged, or parenting. I guess that is my bias in favor of normal sexual behavior in normal populations. Despite this bias, my suggestion would be workshops shorter than you now have, with equally diverse topics, presentors and participants."

"Pertinent information, varied and qualified presentors (at least two views per subject) 150 people from small area in diversified occupations, locally offered, lecture format with questions and answers, then small group discussion for values clarification utilizing 3 day period of time."

"Very few job settings such as mine. However, in working with other professionals on these issues I have developed a number of packages...would be happy to serve as a consultant."

SUMMARY OF IDEAL PROGRAMS

Although we do not want to draw attention away from the diversity of the above responses, it is appropriate to combine the highest choices for each program element into a potential model program for discussion purposes (see Implications for Planning Section).

The "ideal" model, therefore, is a one-week program, two days of which are devoted to a mandatory SAR. The content would be a mixture of lectures and discussion groups, including explicit audiovisual materials that would constitute a general course in human sexuality plus separate presentations on the target populations. The teachers would also represent a combination of areas: researchers, administrators and staff of service units, and consumers of specialized services. The trainees attending would be from various educational backgrounds and current job settings. And finally, this "ideal" program would be available to these trainees in their local community.

FINDINGS RELATED TO ASSESSMENT PROCEDURES

The staff was interested in feedback from trainees about our evaluation forms and procedures. On the General Evaluation of the Program (see Appendix), we included the following open-ended question: "we would appreciate your comments and suggestions on our evaluation materials and procedures".

Over the 1976, 1977, and 1978 programs, 156 trainees responded. Before giving sample answers to this question, attention needs to be drawn to the data organizing mechanism used to cumulate each individual trainee's unique answers throughout their relationship with the project.

Our data organizing mechanism was the social security number. We reached that decision because we wanted an identifying number which most trainees would already have memorized and could easily recall to write on each form (remember that the typical trainee filled out approximately 35 individual questionnaires).

This device did serve this project well due to the low rate of duplication of numbers among in-coming trainees, eliminating the need for us to precode questionnaires, preserving anonymity by not using a name section on any forms which might accidentally be seen by anyone other than project staff, and by not having to rely on the trainees to remember an assigned code.

In 1976 we asked for the full 9-digit social security number. This was reduced to asking for the last 4 digits of each social security number in the subsequent years and regardless of the year, only the last four digits are found on our data tapes. However, there are valid questions raised about the dangers of using a numeric device which might easily be traced for purposes other than those of this project.

Frankly, the project staff has not thought of an adequate solution to this problem, perhaps because the Institute's historical stance on confidentiality and never releasing individual data has not given us the impetus to do so. Planners of other programs should, however, be aware that trainees are justifiably concerned about who will see their evaluations and how they will be used.

Sample comments include:

> "...a little simplistic."
>
> "Questions, rating scale, and frequency of evaluation throughout the program admirable."
>
> "Evaluations were a pain, yet I turned right around and adapted the form and used it in my class. I don't like evaluation forms, period."
>
> "Pre-program rating materials especially helpful. Attended with an agenda pertinent to the program."
>
> "We never had time to think through a response after a presentation..."

> "...need a better instrument to evaluate the SAR--it was not very good."
>
> "Probably one of the reasons the program is so good is that you actually process the data and let it guide you. That is why I have taken the time to write this. I believe someone will read it."
>
> "As long as the evaluations are truly and sincerely utilized to plan future programs, they are fine. Use them wisely."

One suggestion is particularly intriguing, as the preceding section ends with unanswered questions suggesting the need for interviewing:

> "Draw random samples to conduct interviews two or three times during the workshop."

The author's favorite comment, however, appeared unsolicited on the Follow-Up Survey, and has directly contributed to her continuing caution about what numeric data and statistical procedures can actually tell us about individual human responses to training:

> "Given the fact that much of what the Institute has done lately is based on studies that must use some kind of evaluative mechanism, if this particular tool is an example of your competency in the field, I must question the data you produce."

PROJECT IMPLICATIONS FOR PLANNING

Because a need for training in human sexual behavior for professionals exists, and is likely to do so even after traditional educational institutions have incorporated the subject in all relevant curriculae, the field will be faced with filling that need by various forms of continuing education opportunities. This section is an attempt to draw upon both the findings of this project and the staff's experience in order to provide a set of planning guidelines for consideration by other program planners.

There are a few underlying assumptions in this section which must be clarified. First, even though most of the examples and data will be based on the Institute's experience, the project staff strongly feels that all planning decisions must be made in the context of the needs of the potential consumers of the training. In addition to varying needs, differences in attitudes toward human sexuality specific to both the potential trainees and the geographic locale where the program will be held must be taken into account.

Throughout the preceding sections, much of the discussion was concerned with largest percentages, highest rates, and similarities; our attention will now turn towards differences and variety of responses. However, we urge any program planner to return to the data sections in order to seek out those responses that seem most relevant to his or her particular training goals, potential trainees, and program setting.

Many of the concepts in this section, as well as other aspects of the total project are borrowed from Armand Lauffer's The Practice of Continuing Education in the Human Services (1977). His coverage of the issues involved not only triggered the project staff to inventory our own procedures, but was invaluable for figuring out how to correct our omissions and problems.

IDENTIFICATION OF TRAINING NEED

It cannot be over-emphasized that program planning must begin by identifying a training need and assessing the interests of potential consumers. This is not meant to imply that initial definitions of needs remain rigid throughout the planning process. In fact, our experience is that they did change (e.g., became more specific in some areas, broadened to include initially omitted ideas or groups, or evolved due to reports from other training units) both during the annual pre-program planning and across the years from one program to the next. This identification and assessment of needs step should involve interaction with all individuals and groups potentially involved with or affected by the proposed training.

A realistic appraisal should also be made of the resources that can be devoted to the training and of any other existing training opportunities related to the need. For example, a unit might well decide that their resources are best expended by sending one or more staff members to an existing training program rather than by implementing their own training program.

Time spent on this planning phase is not wasted. It is actually an investment that is repaid with interest throughout the rest of the planning process as decisions on all of the specific points which follow become more clear-cut. In addition, it leads to a consistency of decisions which is noticeable in the end product.

PROGRAM GOALS

After assessing the training need, establishing that an interest exists among potential consumers, and making sure that resources will likely be available, specific training goals and objectives can be formulated. The information collected in the assessment phase will determine many of the decisions now needed, including program length, format, presentors, materials, trainees, number of trainees, facilities, program content, and evaluation methods.

In some ways, this step is actually an extension of the initial assessment stage only it occurs at a more specific level. Continual evaluation of the proposed program specifics against the established needs and available resources should occur throughout the planning process.

Again, it is important to iterate how crucial an awareness of other training units' experiences and of one's own settings and resources is in the selection of specific program training goals from among the many potential goals and ways of meeting those goals that exist.

For example, this project staff has frequently been concerned that our trainees might leave the Institute's programs assuming that the model program or specific events can be duplicated in any Midwestern town or rural area. What is important here is to keep in mind that only through the Institute's history and with the support of Indiana University can our training program exist with the format and content that it does in this Midwestern town.

Another example of the need for attention to potential consumers, setting, and resources would be the literal use of the data from the "Ideal Program" section of this report to design a one-week general program (including a SAR) to be offered to a variety of professionals from the same community.

Upon attempting to line up the variety of presentors and group facilitators needed, the planner might be confronted with several problems. If the planner hires the program staff specified, the costs will probably make an attendence fee necessary. On the other hand, if qualified local individuals can be found, attendence could be reduced because some potential trainees will already be familiar with the presentors. And finally, if a large number of trainees is needed to generate resources, will all agencies in the same community agree to have staff off work for a full week at the same time?

Another question to be considered before producing the "ideal program" in a single community is related to the issue of confidentiality. We know that some of our speakers agree to present at Institute programs because of our history of maintaining confidentiality and because most of our trainees are not from the local area. If the Institute were to attempt to offer the "ideal program", the staff doubts that some of our highly rated model program events could be used. For example, it is unlikely that a local professional person would be willing to describe transexual surgery from personal experience to an audience made up of other local professionals.

It would be our prediction that the "ideal program" SAR would be different from the model program SARs for a similar reason. Ignoring for now the problems involved with finding experienced group facilitators, we have established the fact that self-revelation occurs in an emotionally charged atmosphere. Acting upon evaluations of early programs, the Institute adopted a policy of not assigning spouses or individuals who know one another to the same SAR small group. This policy would be nearly impossible to apply if the total group were made up of health and mental health workers from one community, and would surely affect the content and interaction of a SAR.

A review of the section on "Resources" is also in order to gain a total picture of the financial and other types of resources which were available to the Institute. The Institute's approximate expenditure of $542 per trainee in 1977 is cited here to call to the planner's attention the difference between the revenue generated from a program trainee ($315) and the actual expenditures of resources to provide training for that individual.

The above examples have been presented not to discourage a planner from considering various strategies to conduct a community program, but rather to reinforce the need for continuing realistic assessment.

PROGRAM DESIGN: SAMPLE SCHEDULE

Assuming that a planner is now ready to design a program specific to the needs, potential trainees, resources, and setting as discussed above, we can begin to look at program details. A schedule of some of the major planning activities for the Institute's model program follows--designed for a late July program:

AUGUST:

- Analyze data from model program just completed and make any adjustments needed in the existing set of needs, potential consumers, resources, and goal statements.
- Double-check with conference center to see that our facilities reservations are in effect. (The original request is made at least 3 years before this point.)
- Based on the revised program statements, design program content, including topics and preferred presentors.

SEPTEMBER:

- Arrangements completed with most non-Institute presentors.
- Based on new information and revised program statements, decide on advertising strategies to reach potential consumers.
- Design advertising copy (usually involves various formats appropriate to different advertising mechanisms).

OCTOBER/NOVEMBER/DECEMBER:

- Advertising to be placed in journals, newsletters, etc. is sent out in order to catch the early-spring editions.
- Direct mail advertising printed and mailing lists and label sets prepared.
- All previously used forms (application to final evaluation) checked for any necessary revisions.
- All form letters used in registration process revised.

JANUARY:

- Direct mail advertising is sent out using a bulk-mailing procedure.
- Any program events not yet finalized need attention.
- Small group facilitators for SAR selected and hired.
- A more specific budget to cover program expenses is drawn up including expenditures already incurred.
- Application packets prepared.

FEBRUARY/MARCH:

- Application process begins and continues until the program is held.
- Facilities reservations for out-of-town presentors and group facilitators verified.

APRIL/MAY:

- Adjustments made to original program schedule due to presentor and facilitator requests. (This also continues throughout the rest of the planning process.)
- Forms sent to all presentors regarding AV materials, equipment needs, handouts to trainees, etc.
- Reservations made to fill presentor and facilitator needs not met by our own resources.
- Forms relating to processing presentor and facilitator payments sent to non-staff presentors.
- Reservations in detail made for all other support services (SAR meals, social times, transportation to off site locations, etc.).

JUNE/JULY:

- All forms needed for program (including final evaluation) printed.
- All hand-outs for trainees prepared, printed, and packaged into individual folders.

JUNE/JULY:
continued...

- Staff assignments made to cover program staffing needs.
- Specialized program staff hired (e.g., A-V operator).
- All financial records checked.
- All Institute materials, equipment, etc. checked for condition and repaired if needed.
- All program needs moved to program site, including financial records, files, etc.

The sample schedule is obviously for a program which employs non-staff presentors, is designed to attract trainees from a wide area (in our case, international), and plans on having a relatively large number of trainees attending (our facilities limit is 135). The schedule elements, however, are relevant to all programs and should give an idea of the planning steps and sequence involved.

The major point of the schedule is to warn planners not to underestimate the time span involved, the effect of work cycles on staffing needs, and the need for labor throughout the planning process to handle correspondence, files, phones, and all other needs.

PROGRAM DESIGN: MATCHING GOALS WITH EXPECTATIONS

All of the mechanical program procedures evolve from the information collected at the assessment stage and, as a result, the range of appropriate decisions is limited to those which best "fit". In addition, many of these procedures are based on one particular set of information: a clear idea of what the program goals are and what they are not.

The program goals must be stated clearly and honestly in every communication with all individuals potentially involved with the program, including staff. Advertising, form letters, individual correspondence, telephone conversations, and program forms should state or reflect the set of established program goals.

Deliberate false advertising is rare, but trainee expectations which are created and then not fulfilled occurs frequently and results in a label of "unsatisfactory program" by the disgruntled trainees. The major factor in these unsatisfactory programs appears to be vague goal statements or goal statements which omit definition of what the program does not propose to do. For example, any type of certification or continuing education credits normally associated with programs offered to various professionals should state this information explicitly. Too many times, a trainee has invested time and/or money to attend a program under the assumption that continuing education credits will accrue simply because he/she received a personal brochure. In this example, was the program planner expected to know that compiling credits was the primary motivation for that particular trainee?

Achieving the best match possible between program goals and trainee expectations reduces program tensions, raises evaluations, and is imperative if the planner contemplates offering other programs after the first one.

PROGRAM DESIGN: ADVERTISING

Many advertising decisions are nearly automatic once the potential consumer group has been defined and resources to be allocated for this purpose have been established. One form of advertising does deserve special attention: "word of mouth". More of the Institute's trainees report that their first news of our program came "from a colleague" than did those first reached by all of our planned advertising combined (journals, direct mail, distribution of announcements at meetings, mention at staff lectures and meetings, etc.).

Informal advertising has been good for the Institute's programs. However, we do not assume that we can slacken our training efforts and still have this informal advertising mechanism work to our advantage. Word about training programs travels much faster now that new organizations concerned with sex education and therapy exist and meet regularly. Also, there are more training opportunities available than there were just a few years ago.

PROGRAM DESIGN: TRAINEE COSTS

All program attendance involves costs of either money or time which must be paid by the trainees or trainee employers. Remember that using personal time requires a trainee to choose program attendance instead of some other activity. Simplistically stated, the benefits of program attendance should match the costs incurred by the trainees.

If program fees will be necessary to provide adequate resources, the program staff must be able to document the relationship between fees and program costs; and not be surprised when trainees ask how their money is used. It is, therefore, not advisable to base a fee amount on "what other programs charge for their training". Once a fee is established, the training staff should again assess their potential consumers ability to pay the fee plus any other trainee expenses (e.g., travel, meals, housing, etc.). If it appears as though high costs will reduce the potential training group to the point that program expenditures may not be covered, the program planner should reconsider the projected budget.

PROGRAM DESIGN: SELECTING TOPICS

Although many of these decisions will be based on the assessment of needs and the program goals, the planner is well advised to explore how other training programs have handled the topics under consideration. Was the presentor a researcher? Was a panel format used as opposed to a single lecturer? What films or other materials were used, etc.? After questioning, if the trainees attending other programs appear to be similar to those defined as potential consumers, the planner should examine any available information from those programs and try to talk with trainees who attended.

Evaluation data and "word of mouth" information should not be accepted at face value, however. If the planner feels that "poorly" received event is educationally sound within the total program concept, it is probably worth trying. For example, utilizing our own findings from the 1975 program, we might have dropped the event on homosexuality. We considered it an important program topic, however, and retained it with few modifications. The evaluations for 1976 and 1977 were somewhat higher; but even more importantly, it is now being reported as one of the program events used by trainees in their work.

An example of the obverse situation would be if a planner decided to replicate a highly rated event only to have the trainee response change. We noted this type of reaction change with the "Going Back Home" Event which was highly rated in 1976 and then received lower ratings in 1977.

A planner should also be aware of possible differences between immediate post-program reactions and long-term reactions. The Institute based many of its topic decisions on immediate post-program reactions. However, the strongest correlation value found between the initial event evaluation and the Follow-Up Survey evaluation was .389. In fact, most of the correlation values documented a change in trainee reactions to events over time.

With these warnings in mind, the planner is referred to the Project Findings Section and the "Reaction Tables" (found in the Appendix) for examples of how various topics were rated by this project's trainees. Close examination will reveal differences between trainees from differing job settings and differences between trainee evaluations to similar program events over the three years. Knowledge of a program's potential consumers coupled with the planner's sense of program goals remain as the deciding factor in selecting program topics.

PROGRAM DESIGN: STRUCTURE

The Institute subscribes to the philosophy that trainees have responsibility for tailoring the program to their individual needs. Two elements of program structure have, therefore, been used: an emphasis on question and answer periods, and scheduled times to promote informal exchange of information (coffee breaks, late afternoon hospitality hours, and two social events--a first night reception and a mid-program party which is held away from the program site).

Of trainees responding to the Follow-Up Survey, 91% agreed that the exchange of ideas with other participants, exchange with presentors (76%), and exchange with Institute staff (71%) contributed to the value of the program for them. Well over half (66%) agreed that the scheduled social times contributed to the value of the program.

Although we support the concept of trainee exchange and maximum participation, it can create problems unacceptable to some training units. Even though we have provided new speakers with information about the kinds of trainees who have attended our programs, some are not accustomed to being questioned closely and become defensive. Some presentors, accustomed to lecturing students or their peers (e.g., giving papers to colleagues), are taken aback by the fact that questions are coming from trainees who they consider to be of "different" professional status (e.g., a nurse questioning a physician).

Problems can occur as a result of this atmosphere among the trainees themselves; on occassion a running argument between two or more distinct trainee groups has developed and dominated several question and answer periods. In each instance, however, other trainees have vocally intervened under the banner of "having their turn, too"; the staff has not intervened in such cases. Some decisions are not most efficiently left up to the trainees, despite a commitment to an atmosphere of trainee responsibility. The Institute, for example, has arbitrarily imposed a ban on smoking in the meeting room.

Although the issue should not require discussion, some remarks will trigger justifiably angry reactions. The subject area of sexual behavior appears to generate jokes, nervous humor, and other off-hand comments by both presentors and trainees---and many of these careless remarks are sexist, racist, ageist, or insensitive in other ways. Program planners do have the responsibility to intervene in these cases if necessary, although we have not found a way to assure that such instances will not occur.

There are two additional points concerning program structure. First, the Institute no longer schedules any competing events (two presentations at the same time) because we have never been able to define two groups of trainees with two non-overlapping interests. Perhaps a less diverse group of trainees or a rotational schedule is worth consideration by other programs. Secondly, attendance at program events is optional, although we do require pre-notification of SAR attendance for administrative purposes (e.g., ordering meals, assigning trainees to groups, etc.).

PROGRAM IMPLEMENTATION

The key decisions at this stage are focused on attention to details, especially realistic service promises and staff responsibilities. For example, the Institute learned in 1970 that we did not have the staff to handle housing reservations for individual trainees or to provide transportation to and from the airport. Not fulfilling that type of service promise practically assures that the program staff will be faced with a disgruntled group of trainees who will not fail to uncover other such instances of staff inefficiency and ineptness. Our current technique is to provide the trainee with extensive information on local housing (e.g., prices, distance from training site, location on bus routes, etc.) and available transportation to and from the program (e.g., cabs, commuter flights, buses, etc.).

When the trainee registers, he/she receives guides to local restaurants, entertainment spots, sports facilities, bus routes, campus maps, a list of where other trainees may be reached, and other materials which contribute to making each trainee as self-sufficient as possible. Shorter programs or programs directed to trainees familiar with the training area may not need to supply such extensive materials.

We state in all of our program materials that a trainee must register for the entire program, but a decision must be reached on who else may attend the program events. Should spouses and guests of trainees, staff guests, the press or anyone who is at the conference facilities and wanders by the meeting room be included? The Institute has a policy which restricts access to the program rooms to trainees registered for the entire program, project staff, group facilitators, presentors, and specially invited Institute guests (Trustees, university administrators, etc.). The policy is implemented by issuing distinctive badges and using two staff members to check for those badges at the single door entrance of the meeting room at all times. Those persons issued badges are specifically instructed that they will be unable to gain admittance to any program event without that badge. In the event that a badge is lost, the Training Seminar Coordinator is the only authorized person to issue a new one.

The Institute policy evolved from a concern that partial attendance at the program or at any one event does not convey a clear picture of the total program or the program goals. Indeed, sometimes the reaction of the press is that we have something to hide, but the Training Seminar Coordinator and the Institute Director have spent a great deal of personal time with the press representatives involved each time this issue has arisen--with good results. An additional benefit of our limited access policy is that presentors concerned about public knowledge of their sexual behaviors are comfortable about appearing at Institute programs.

Other programs in other settings may find different policies are more appropriate; but the decision on how to handle such cases should be made in advance and be consistently applied.

Coupled with a concern about the needs of trainees should be a concern about the program staff. Some things are clearly the responsibility of the staff (e.g., checking to make sure that extra bulbs are on hand for audiovisual projectors); some things are discretionary (e.g., helping a trainee find a nonsmoking roommate by making an announcement of the problem at the first program session, but not by having a staff member write to all trainees and then petition the hotel for changes in reservations); and some things the staff does not have time to do at all (e.g., type personal correspondence, make airline reservations, etc.).

Other program planners may reach different decisions, but all personnel should be included in discussions leading to such decisions. All staff that may have contact with trainees should be assured that "I don't know (or I can't), but I'll take you to someone who does know (or can)" is an appropriate response to trainee questions or requests. Administrative staff must, however, be available to their own staff as well as to the trainees.

Because some inexplicable phenomenon operates which assures that trainees have more stamina than do program staff, staff energies should be reserved to activities contributing to the program goals or for assistance in emergencies. Inevitably, purses will be lost, someone's tooth will need a dentist's attention, trainees will need medical care, and family or office emergencies will require a trainee's immediate attention. A staff member should be available at all hours to handle such matters by prearranged plans and contacts.

If a planner contemplates more than one training program, all staff should attend a debriefing session held immediately after the program ends. Invaluable suggestions concerning program mechanics, problem areas, and suggestions for improvement have always resulted from such Institute sessions.

DEALING WITH S-E-X

Up to this point, this planning guide could be talking about training programs in geophysics. Regardless of what program planners might prefer, programs in human sexuality are different and have a unique set of problems. Moreover, the problems are far too important to not spend some time discussing them.

The Institute's experience has been with 10-14 day intensive programs involving approximately 100 trainees, most of whom are from out-of-town. The following discussion is based on that type of program, but contains elements which are applicable to all training programs in human sexuality regardless of length, format, or setting.

In spite of all attempts to clarify program goals, some trainees retain their own reasons for attending a program in human sexuality. Dr. F. Paul Pearsall, Sinai Hospital of Detroit, interviewed 25 trainees who attended Institute programs between 1971 and 1975. In an unpublished paper, he reports that answers to the questions "why did you go" and "what did you expect" included: to verify their beliefs as right and their techniques as best, to work out marital problems, to have a chance for extra-marital experience, to see what must be the most erotic films available, and because they thought they should since they've tried everything else.

Dr. Pearsall's paper makes the point that two programs were taking place at the same time. One was the formal training program which we were evaluating. The other was each trainee's individual program experience. We were not evaluating that second type of program; and in fact, were not aware of its exact nature or extent. Typical findings from these interviews were: "everyone else has 'paired off' except me", anxiety about one's own attitudes and behaviors, and speculation about the behavior of the Institute staff.

Trainee behavior during the training programs had previously puzzled and concerned us, but we tended to ascribe it to "convention behavior" and restricted our intervention to a stern initial lecture on professional behavior and our need to have trainees remember that we were in a small, rural, conservative community.

Dr. Pearsall, however, categorized trainee behavior as a cycle including anxiety (characterized by awkward humor or withdrawal), fear (mostly about the SAR), regression (why did they let that person attend, where do I eat, did anyone get a handout they didn't give me), impatience (when do we get to the good stuff) and "pseudo-impatience" (unvocalized gratefulness that nothing heavy has happened yet while overtly agreeing with the vocally impatient).

Other parts of the cycle as reported in his paper were: disillusionment (it's boring), rumor period (there was an orgy), and return to fear (why wasn't I asked, or what would I say if someone did ask). Interestingly enough, most of the sample felt that everyone else except them was engaged in some form of intimate behavior. Also, the social events receiving high ratings on our official evaluations were dreaded by some trainees who viewed them as verification that everyone else was having a good time.

Actually the staff had been included by the trainees in some of the behaviors just described--particularly the sharing of their regressive behavior and of rumors. They asked us only about non-sexual rumors, however (e.g., we heard a trainee was "kicked out", is it true that last year everyone went swimming nude?). Until Dr. Pearsall shared his findings with us, our only reaction was to answer each question and to supply individual answers to rumors as they arose.

His paper, however, crystallized the program experience from the trainee's point of view and triggered several conceptual and programmatic changes. We had already recognized that sudden immersion into films, pictures, slides and talk about sexual behavior could cause discomfort and, therefore, had always scheduled what we considered to be the less personally threatening events first (e.g., mammalian behavior, anthropological perspectives, gender differentiation). Obviously tinkering with program content and continuing to reassure individual trainees who came to us were insufficient staff responses.

Dealing directly with trainee fears and other emotions has been done since 1976. Using Dr. Pearsall's findings, the first program event presents the information from his interviews. In effect, we present the trainees with a picture of both their stated and unstated goals and describe the tensions, fears, etc. experienced by the trainees in Dr. Pearsall's sample.

Another change has been to establish non-negotiable guidelines for the SAR and to give a copy of those guidelines to all trainees. The entire Institute staff was also made aware of Dr. Pearsall's study, and standards were established for "modeling behavior" on the part of the staff.

The staff is now more aware of potential problems and monitors trainee behavior as closely as possible. Plans have been made for intercession in case of severe trainee distress. The combination of discussing possible trainee personal agendas and possible emotional reactions in the first program event and increased staff awareness seems to have eased the program atmosphere. Trainees do report using some of the same mechanisms in their own work, so perhaps some of these techniques are of value to other program planners as well.

Our follow-up results would tend to verify some of Dr. Pearsall's findings and also draw attention to the fact that these problems have not been completely solved. For example, 17% of the immediate post-SAR respondents in 1976, 1977, and 1978 disagreed with or were not sure about the statement, "I signed up for the weekend to reassess my sexual attitudes and values", while 31% of them agreed that they had signed up for the SAR "to get a better handle on a sexual problem(s)".

One area of Dr. Pearsall's findings is relevant to all programs in human sexuality--the screening of applicants. Over and above the potential problem of the trainees' personal agenda or emotional reactions during the program, he identified a group of trainees in his sample who perhaps should not have been admitted to the programs because of an even greater risk. Of the 15 married trainees, 9 reported that their marital units were in distress at the time of attending the program; and 6 of the 25 trainees were in on-going therapy for condition that could theoretically be exacerbated by program attendance.

ALthough these statistics may not be unusual for a group of professionals attending a continuing education session, when it has been established that the nature of the program is such that emotional stress can occur, the question deserves our attention. None of the trainees in Dr. Pearsall's sample told the program staff about their pre-program distress, but then we did not ask them for such information in the application process.

We do not have a workable solution for adding such a mechanism to the screening procedure for applicants; we continue to base our acceptance decisions on educational background and the stated need for training. Other program planners should be aware that omission of such personal information is the rule rather than the exception. However, we have never encountered a known instance of deliberate falsification of application information.

Another unresolved issue is the assumption by many trainees that one of the program goals is to make people "liberal"--they, of course, define themselves as "already liberal". Not only does the program not have such a goal (explicit or implicit), but the staff is not willing to endorse a value judgement that "liberal is better".

In fact, program planners should be aware of this problem and the resulting pressure that some trainees will place on other trainees to change their "non-liberal" attitudes. Any such instance requires staff intervention; not to provide support for a variety of attitudes is sometimes perceived as tacit endorsement by the program staff of the attitudes of the most vocal group.

POST-PROGRAM RESPONSIBILITIES

Program planners are encouraged to build into the planning process a method of sharing program evaluations with the presentors, group facilitators, and any others who have contributed to the program at any stage. Any outstanding complaints or misunderstandings with trainees should be investigated and discussed (via correspondence or phone, if necessary) with that trainee. All financial aspects of the program should be finalized. If any post-program services are to be provided to trainees, relevant procedures should be established.

The Institute had considered our training role as "over" at this stage, until Dr. Pearsall's 25 interviews turned up instances of re-entry difficulties (e.g., distress over a sexual dysfunction, depression about leaving new friends, inability to describe their experience to anyone who hadn't attended the program, decisions to radically alter their life style, etc.). Since 1976, the program has ended with a presentation and a discussion of Dr. Pearsall's findings concerning the problems that may be associated with returning home, including suggestions for handling some of the most common problems.

Another post-program problem has been noticed by the Institute which may or may not affect other training units. Occasionally a trainee will advertise himself/herself as "trained at the Kinsey Institute". We do issue a "Certificate of Attendance" to those participants completing the program, but now we also ask that applicants sign a statement that they understand that the program does not constitute endorsement as a sex educator or a sex therapist. Trainees have a post-program responsibility to present their training accurately.

COPING WITH EVALUATIONS

Program planners are encouraged to evaluate their training programs, but only to the extent that they collect the data needed. All forms developed during this project are included in the Appendix; it is hoped that planners may be able to adapt these instruments to fit their own particular informational needs. Developing informal evaluation channels, however, is as important as designing questionnaires; time should be spent with trainees in discussions at the program and trainees should be encouraged to write or phone after the program.

Because the Institute uses program evaluations immediately as the basis for planning the next year's program, we often found ourselves bogged down in contradictory ratings for a specific event or program aspect. When details seemed to be confusing (especially so soon after a program about which the staff had its own diverse opinions), it helped to look at the responses to some of our open-ended questions asking for over-all program reactions.

The following responses to the Follow-Up Survey asking for an over-all program reaction were selected from 88 answers, many of which expressed a desire to return to the Institute. This expressed need to come to another program was first noted by Dr. Pearsall and seems to occur regardless of whether the trainee had a satisfactory program experience or not. These examples are included in order to illustrate that trainee reactions continue to be highly personalized, diverse, and strongly held--even over time:

> "...I felt that the programs were well formulated and organized. The workshop remains one of the highlights of my professional preparations and I endorse your efforts and encourage others to attend."
>
> "Overall, an excellent experience especially since I was not paying out of pocket for it."
>
> "The program exceeded my expectations, particularly in terms of my personal growth in relation to professional interests."
>
> "Essentially many things covered were not new--however, the approaches were new and I believe it helped me communicate with non-medical professionals."
>
> "I knew most everything on human sexuality to start with."
>
> "The content did not coincide with my pre-expectations. However, the content of the workshop was much less therapy oriented than I expected, but it covered many subject areas that I had not really given much thought about, which proved informative and very beneficial."

"My expectations were both professional and personal. Both were met, albeit the personal with some anxiety."

"The program has been my most meaningful educational experience. It certainly met my pre-program expectations which were minimal."

"I had thought going to Kinsey was like going to Mecca--instead, it was just going to a hot midwestern town and wasting most of 2 weeks' vacation."

PROJECT DISSEMINATION

Complete copies of the project's final report, including the Appendix, will be sent to all 106 respondents to the Follow-Up Survey plus the 35 sponsored trainees who did not return the Follow-Up Survey. The remaining non-sponsored trainees who attended project programs will be sent notification of the project's completion and the availability of the report. Many of the individuals who participated in the project as program speakers, SAR facilitators, and panelists and who have expressed interest in the findings will also be sent copies of the report.

One copy of this report will be sent to the NIMH Clearinghouse. A copy of the report will be submitted to Research in Education and to the Educational Research Information Center (ERIC) for consideration for publication and/or dissemination via their nation-wide data service. A waiver permitting ERIC to copy and to distribute the report in both hard copy and in microfiche has already been signed.

Announcements of the report, a brief abstract, and ordering information will be sent to key journals, newsletters, and individuals in the field of sex research and sex education. The Institute's research collections and information service will also provide the above information in response to inquiries related to training; this service responds to approximately 1500 requests each year.

The entire data base for this project will be maintained at the Institute. Data usage for publication will be restricted initially to the co-principal investigators and other Institute staff, although requests for specific computer runs from qualified researchers or training units will be filled at cost plus any fees necessary at the time of the request. Individuals active in this area of training evaluation of programs in human sexual behavior will be notified of the availability of this data service. Upon an Institute decision that the data tapes can be released, copies of the total tapes will be made available at cost.

FUTURE TRAINING PLANS

The Institute has not yet reached a final decision regarding its future role in training. Planning is underway for a program in the summer of 1979; that program will most likely resemble the 1978 program more closely than it does the 1975-1977 project programs. The focal area of the 1979 program will probably be on sex therapy and techniques rather than on services to target populations of the preceding programs. Several additional organizing topics have been suggested for future years (e.g., sex education, sex research, etc.), but the ultimate decision will be incluenced by the need for training programs and financial considerations.

PROJECT CONCLUSIONS

Three training programs were conducted with a focus on topics relating to the target populations. Trainees who provided services to the target populations were selected for NIMH sponsorship. A method was devised to measure use of the training in terms of replication of model program events. A related method of describing the populations affected by the trainee was developed with ripple effect investigated in terms of "training the trainers". Aspects of designing an "ideal" model program were delineated. Project implications important to planners of training programs in human sexuality were drawn together in a set of planning guidelines. All materials developed for the project have been attached to this report and form the Appendix. Dissemination procedures have been established that should assure the report reaching a broad range of interested groups and individuals.

In terms of the project goals, the conclusion is that they were met and, therefore, the project was successful. However, the staff was left with a list of unanswered questions that deserve further attention:

-- when trainees report that a model program event is being used, what exactly are they using?

-- does a trainee working with patients use the same model program event in a different way than does a trainee doing teaching or some other work; and, if so, what are those differences?

-- are model program events used differently for different types of work by the same trainee?

-- are the same model events used differently in different geographic areas; or are different events used?

-- do individual reactions to sex as a topic affect use of the model programs?

-- even though the proposed "ideal" program does not appear to be a model situation to all purposes or geographic areas (besides appearing to be very expensive), where would it work; or can variations be developed and tested in specific settings?

-- can an effective screening mechanism for program applicants be developed in order to allow program planners to exclude individuals in any form of distress which could be exacerbated by program attendance?

Even though the amount of data collected during this project has been massive and only pertinent items has been included in this report, the answers to the above questions are not likely still buried in it.

As usual, further research is recommended. A change from questionnaire and survey methodology to face-to-face interviewing of selected trainees is strongly urged. The data from this project will be invaluable in defining the trainees to be interviewed in conjunction with the various questions raised by this project.

APPENDIX

PROJECT CODES:

- PRIMARY JOB RESPONSIBILITY CODES...................... A-1
- JOB SETTING CODES................................ A-2
- WORK DESCRIPTOR CODES............................. A-3
- GEOGRAPHIC SCOPE CODES............................ A-3
- SPECIAL GROUPS CODES............................. A-4
- HIGHEST EARNED DEGREE CODES........................ A-5
- EDUCATIONAL AREA CODES............................ A-6

OUTLINE FOR ATTITUDE REASSESSMENT WEEKEND..................... A-7

PROJECT ASSESSMENT FORMS:

- APPLICATION FORM................................. A-9
- PRE-PROGRAM SURVEY............................... A-13
- SUPPLEMENTAL FORM FOR NIMH SPONSORSHIP APPLICATION..... A-15
- PROGRAM EVENT REACTION FORM........................ A-18
- SAR WEEKEND PARTICIPANT EVALUATION FORM............... A-19
- GENERAL EVALUATION OF PROGRAM....................... A-23
- FOLLOW-UP SURVEY................................. A-28

EVENT CODE SHEETS:

- SUMMER PROGRAM 1975.............................. A-44
- SUMMER PROGRAM 1976.............................. A-46
- SUMMER PROGRAM 1977.............................. A-48
- SUMMER PROGRAM 1978.............................. A-49

EVENT REACTION TABLES:

- INSTRUCTIONS FOR USING EVENT REACTION TABLES........... A-50

1975 REACTION TABLES

- ACTIVE REACTIONS.............................. A-51
- POSITIVE PROFESSIONAL REACTIONS................ A-52
- POSITIVE PERSONAL REACTIONS.................... A-53
- NEGATIVE REACTIONS............................ A-54
- NEUTRAL REACTIONS............................. A-55

1976 REACTION TABLES

- ACTIVE REACTIONS.............................. A-56
- POSITIVE PROFESSIONAL REACTIONS................ A-57
- POSITIVE PERSONAL REACTIONS.................... A-58
- NEGATIVE REACTIONS............................ A-59
- NEUTRAL REACTIONS............................. A-60

1977 REACTION TABLES

- ACTIVE REACTIONS.............................. A-61
- POSITIVE PROFESSIONAL REACTIONS................ A-62
- POSITIVE PERSONAL REACTIONS.................... A-63
- NEGATIVE REACTIONS............................ A-64
- NEUTRAL REACTIONS............................. A-65

CG 013056

PRIMARY JOB RESPONSIBILITY CODES

Bachelor & special certificate student	01
Masters degree student	02
Ph.D. student	03
Medical residency	04
Faculty (university and college)	05
Public School teacher	06
Educational responsibility in an agency, etc.	07
Sex therapist (including teaching of sex therapy, advanced education--e.g. psychiatrist, already specialized in sex therapy)	11
Therapist (advanced education--e.g. psychiatrist, clinical psychologist--general)	12
Sex Counseling (not special degree, but doing sex counseling)	13
Family planning counseling (including contraception, abortion, etc.)	14
Health counseling (V.D. and health areas)	15
Counseling (general, no real specialty)	16
Social Work	17
Physician	21
Nurse	22
Special health job (rehabilitation, etc.)	23
Health service administrator	24
Lawyer	31
Minister or other theologian	32
Unemployed (other, including free lance, etc.)	33

JOB SETTING CODES

University or college	01
Medical School (including nursing)	02
Community college	03
Public School	04
Special training institute	05

Community public health unit	11
Community mental health unit	12
Planned Parenthood	13
Multiple county health unit (including mental health)	14
State health unit	15
Federal health unit	16
Specialized outreach service	17
Hospital	18

Private practice--medical	21
Private practice--therapy and counseling	22
Private practice--other	23
Private clinic	24

Church	31
Association	32
Other	33

WORK DESCRIPTOR CODES

Direct patient care in one unit	01
Direct patient care in multiple units	02
Care for patients' families, spouses, etc. in one unit	03
Care for patients' families, spouses, etc. in multiple units	04
Training of other workers in one unit	05
Training of other workers in multiple units	06
Policy making/administration in one unit	07
Policy making/administration in multiple units	08
Teaching in one unit	09
Teaching in multiple units	10
Workshops/continuing education in one unit	11
Workshops/continuing education in multiple units	12
Workshops/continuing education for general public	13
Research	20
Publication	21
A-V materials design	22
Curriculum/model program design	23
Consulting	24
Supervision of interns/trainees/etc.	25
Coordination of cooperative units	26
Papers delivered at state, regional or national meetings	27

AREAS

City/county	1
Multiple county	2
State	3
Multiple states	4
National	5

SPECIAL GROUPS CODES

Lower	01
Lower middle	02
Middle	03
Rural	04
Urban	05
Ethnic/cultural minorities--general	10
Black	11
American Indian	12
Chicano	13
Migrant labor	14
Low literacy	15
Oriental	16
Children	20
Children--sexually abused	21
Children--public school	22
Adolescents	23
Elderly	24
Parents	25
Students (college and older)	26
Health care professors	27
General public	28
Homosexuals	30
Addicts--drugs and alcohol	31
Prisoners or others in criminal justice network	32
Mentally retarded	33
Brain injured	34
Vetrans	35
V.D.	36
Aphasia	37
Rape	38
Battered wives	39
Rehabilitation--general	40
Nursing homes	41
Hospitals	42
Institutionalized--general	43
Institutionalized--other	44

Diseases and illness--general	50
Diabetes	51
Kidney diseases	52
Cardiovascular	53
Mastectomy	54
Urologic surgery	55
Epilepsy	56
Colon and other surgery	57
Cancer surgery--general	58
Diseases--other	59
Physically handicapped--general	70
Spinal cord injured	71
Amputees	72
Cerebral Palsy	73
Blind	74
Deaf	75
Muscular dystrophy	76
Multiple sclerosis	77
Physically handicapped--other	78
Sex dysfunction	80
Researchers	98
Nonspecific	99

HIGHEST EARNED DEGREE CODES

Special certificate	01
Student	02
A.A.	03
Student	04
BA--AB--BS--SSc--BSCN--BSEd, etc.	05
Student	06
RN	07
Student	08
MA--MPH--MN--MSEd--MDiv--MSW--MSSW, etc.	09
Student	10
PhD--EdD--HSD--EdS--DDS, etc.	11
Student	12
MD	13
Student	14
Special residency with MD	15
Student	16
Other	20
Unknown	21

EDUCATIONAL AREAS CODES*

Human sexuality	01
Sex education	02
Sex therapy	03
Social Work	04
Psychiatric Social Work	05
Nursing	06
Psychiatric nursing	07
Rehabilitation--general	08
Sociology	10
Psychology	11
Experimental psychology	12
Clinical psychology	13
Behavioral therapy	14
Group or family therapy	15
Guidance/counseling	16
Gestalt therapy	17
Education	20
Education Administration	21
Special Education	22
HPER/Physical Education	23
Health Education	24
Home Economics	25
Population Planning	26
Public Health	27
Mental Health	28
Medicine	30
Psychiatry	31
Neurology	32
Urology	33
OB/GYN	34
Physiology	35
Biology	36
Chemistry	37
Denistry	38
Speech pathology	39
Law	40
Criminology	41
Theology	42
Economics	43
Math	44
Statistics	45
Psychometry	46
Anthropology	47
Business	48
Liberal Arts	50
Art	51
Music	52
Theatre	53
Philosophy	54
English	55
Latin	56
French	57
German	58
Spanish	59
Journalism	60
Radio/TV	61
Other	70
Unknown	71

(* only majors are coded)

OUTLINE FOR ATTITUDE REASSESSMENT WEEKEND

The goal of the weekend program is to provide an opportunity for participants to re-examine their own sexual value system and the values of others in order to become more comfortable with sexual issues and aware of their impact on professional roles. This program is not designed for therapy or counseling of the individual participant and should not be construed as such by participants or group facilitators.

The program will alternate between a large group setting in Meeting Room C and small groups for discussion of the topics listed in the schedule. Each small group will have a male and a female co-facilitator; group assignments will be posted on Friday. Spouses and participants from the same geographic area will be placed in different small groups. When the assignments are posted, if you are in a group with someone you know well, please notify Ruth Beasley for reassignment.

Although additional rules may be agreed upon within the groups themselves, all groups will adhere to the following rules in order to promote an atmosphere which can focus on professional and personal values rather than experiential or behavioral experimentation: illicit drugs may not be used in group sessions, no nudity or sexual contact is permitted in the group setting, and coersion potentially leading to problems outside the group setting will not be permitted. In addition to the group facilitators, an Institute staff member will be available to assist facilitators and participants.

Weekend meals will be served in Meeting Room B. The meal fee of $16.25 includes the following buffet menus at the times noted in the schedule:

BREAKFAST: scrambled eggs
toast
dry cereals
juice
coffee

LUNCH: barbeque sandwiches (Saturday)/tuna and chicken salad sandwiches (Sunday)
tossed sald, cottage cheese, apple sauce, fruitcocktail, jello, bean salad, potato salad, cole slaw, macaroni salad.
apples and pears
iced tea, milk

DINNER: fried chicken
salads as above
bread
iced tea, milk, beer

T21 MH-14051

SCHEDULE FOR ATTITUDE REASSESSMENT WEEKEND

FRIDAY, JUNE 23

6:00 - 7:30	Training Session for Group Facilitators
7:30 - 8:30	Large Group Meeting I: Goals
8:30 - 10:30	Small Group Meeting 1: Acquaintance Session

SATURDAY, JUNE 24

9:00 - 10:00	Breakfast
10:00 - 10:30	Large Group Meeting II: Vocabulary Exercise Films
10:30 - 1:00	Small Group Meeting 2: Body image, masturbation, sensuality...
1:00 - 2:00	Lunch
2:00 - 2:30	Large Group Meeting III: Films
2:30 - 5:00	Small Group Meeting 3: Courtship, heterosexual behavior....
5:00 - 6:00	Break Time
6:00 - 7:00	Dinner
7:00 - 7:15	Large Group Meeting IV: Film
7:15 - 10:00	Small Group Meeting 4: Obligatory sex roles and behaviors

SUNDAY, JUNE 25

9:00 - 10:00	Breakfast
10:00 - 10:20	Large Group Meeting V: Films
10:20 - 1:00	Small Group Meeting 5: Homosexuality
1:00 - 2:00	Lunch
2:00 - 4:00	Small Group Meeting 6: Integration, Closure,...
EVENING:	PARTY at Dr. Gebhard's. Please check the program schedule for information on time, bus schedules, attire, etc.

INSTITUTE FOR SEX RESEARCH - SUMMER PROGRAM

APPLICATION FORM

PLEASE PRINT OR TYPE ALL INFORMATION

NAME			
	LAST	FIRST	MIDDLE

PREFERRED MAILING ADDRESS, INCLUDING POSTAL OR ZIP CODE ____________________

____

____

____

PHONE Office: (   ) Home: (   )

MALE ☐ AGE ☐ LAST 4 DIGITS OF SOCIAL SECURITY NUMBER ☐

FEMALE ☐

(This will be used on all forms throughout the program and the evaluation process so that we can organize our evaluation data. All individual responses will be kept confidential and will not be released in the data summaries or analysis.)

1. Please provide us with your current job title, rank, institutional affiliation, etc.

____

____

2. Please provide us with a brief description of your current position. We would particularly like to know with how many other people you routinely deal and in what capacity you do so; e.g., are these people students, interns, patients, community leaders, other staff members? Please indicate specifically how you believe that participation in the ISR Summer Program will help you carry out your duties. Attach additional sheet if necessary.

3. Please attach a list of the publications, convention papers, training manuals, or other professionally-related "products" which you may have produced in the last five years or so.

4. Please provide us with the chronological information on your general educational background. Be sure to include information about current and future educational activities.

DEGREE OR LICENSE EARNED	INSTITUTION	YEAR	MAJOR AREA(S)	MINOR AREA(S)

5. Following are several questions pertaining to your educational background and professional concerns specifically in the area of human sexuality. Please circle a choice for each item and include supplementary information when appropriate.

a. How many undergraduate courses have you taken which dealt primarily with human sexuality? Please describe these courses briefly.

none 1 2 3 4 5 6 7 8 9 more than 9 ____

Supplementary information ____

____

b. How many graduate-level courses have you taken which dealt primarily with human sexuality? Please describe these courses briefly.

none 1 2 3 4 5 6 7 8 9 more than 9 ____

Supplementary information ____

____

c. How many workshops or seminars have you attended which dealt primarily with human sexuality?

none 1 2 3 4 5 6 7 8 9 more than 9 ____

Names of workshops or seminars and year attended ____________________

____

d. In the last five years how many books have you read on the topic of human sexuality?

none 1 2 3 4 5 6 7 8 9 more than 9____

Specific titles____

____

____

e. How many journals or newsletters do you read regularly?

none 1 2 3 4 5 6 7 8 9 more than 9____

Specific titles____

____

____

6. Where did you learn about the Summer Program at the Institute for Sex Research? Check the appropriate statements, then circle the box beside the category where you first learned about the program.

☐ I learned about it from a professional colleague who attended in the past.

☐ I learned about it from a notice in a journal.

(title of journal)____

☐ I learned about it from a notice on a bulletin board.

☐ I learned about it from a colleague who received a program description in the mail.

☐ I learned about it from a program description mailed directly to me.

☐ I learned about it directly from an ISR staff member.

☐ I am a past participant myself. Year attended____________________

☐ Other____

89

7. Do you plan to participate in the Attitude Reassessment Weekend? If so, you will be assessed a nominal fee at registration to cover two breakfasts, two lunches, and a dinner. Although attendance is optional, the Weekend workshop is an integral part of the total program. It consistently receives a high program ranking even from participants who have attended other 2-day programs.

☐ Yes, I plan to participate in the Attitude Reassessment Weekend.

☐ No, I do not plan to participate in the Attitude Reassessment Weekend.

Please complete and return this form, the enclosed pre-program survey, and a deposit of $50.00 before May 29, 1978. Make checks payable to the Institute for Sex Research. The balance of the registration fee is due by June 12, 1978. Registration is limited to 135 participants selected on the basis of qualifications and the date of receipt of the application form and the deposit. Meals and housing arrangements are the responsibility of the participants. Deposits are refundable upon request until May 29, 1978. Completion of the total program will earn a "Certificate of Attendance"; this Certificate does not constitute an endorsement as a therapist or educator by the Institute for Sex Research.

DATE: ______________________

SIGNATURE: ______________________

INSTITUTE FOR SEX RESEARCH - SUMMER PROGRAM

PRE-PROGRAM SURVEY

We believe that the ISR Summer Program participants choose to attend for many different reasons and with a variety of expectations. The Summer Program staff has prepared this sheet in order to gain a pre-program "snapshot" of the expectations of the 1978 participants. Your responses to this survey will in no way affect your application status, and all responses will be kept confidential.

Post-program and follow-up surveys will also be conducted with all participants as we collect data to make our program more effective. Summary survey results will be made available to all participants.

I. Last 4 digits of Social Security Number ☐

II. Please write 3 or 4 sentences giving your personal expectations for the Summer Program. You might cover some of the following types of questions: what are the activities which you most look forward to, what are the activities which you think you will value least, what have you heard about the program, are there any specific topics or materials which you think may make you uncomfortable, etc.?

Please turn page 91

III. Please respond to each item below by circling the response which best describes it as one of your own personal goals. Feel free to include supplementary comments beneath an item if you wish.

AS A RESULT OF PARTICIPATING IN THE ISR SUMMER PROGRAM I WILL:	Very Important Goal		Important Goal		Moderate		Unimportant Goal		Trivial Goal
1. Design a new course or program dealing with human sexuality.	9	8	7	6	5	4	3	2	1
2. Revise or augment an existing course or program dealing with human sexuality.	9	8	7	6	5	4	3	2	1
3. Add material on human sexuality to a general course or program in some other subject field.	9	8	7	6	5	4	3	2	1
4. Begin doing sexual therapy or counseling.	9	8	7	6	5	4	3	2	1
5. Add new techniques to my existing sexual therapy or counseling practice.	9	8	7	6	5	4	3	2	1
6. Become more willing to cover sexual areas in addition to usual area of practice.	9	8	7	6	5	4	3	2	1
7. Exchange ideas with other professionals attending the program as participants.	9	8	7	6	5	4	3	2	1
8. Exchange ideas with and ask questions of the lecturers, panel members, and Institute staff.	9	8	7	6	5	4	3	2	1
9. Exchange ideas with and ask questions of a specific lecturer or panel member.	9	8	7	6	5	4	3	2	1
10. Make progress in some aspect of my professional or academic research which is specifically related to human sexuality.	9	8	7	6	5	4	3	2	1
11. Make progress in some aspect of my professional or academic research generally.	9	8	7	6	5	4	3	2	1
12. Add another good professional training experience to my credentials.	9	8	7	6	5	4	3	2	1
13. Increase my factual information on human sexuality.	9	8	7	6	5	4	3	2	1
14. Become more comfortable professionally in dealing with the subject of human sexuality.	9	8	7	6	5	4	3	2	1
15. Become more comfortable personally in dealing with the subject of human sexuality.	9	8	7	6	5	4	3	2	1
16. Learn about a wide variety of resources and services for learning about or teaching human sexuality.	9	8	7	6	5	4	3	2	1
17. Learn about a wide variety of audio-visual materials related to human sexuality.	9	8	7	6	5	4	3	2	1
Now, we would like to have you rank the items that you have just rated. In each of the columns on the right you may have circled more than one number. If there is more than one number circled in a particular column, please rank those items from most important to least important. Do this by writing the item number of the most important first, and the next important under it, etc. Do this for all nine columns.									

Thank you for your cooperation! ---- ISR Summer Program Staff

SUPPLEMENTAL FORM FOR NIMH SPONSORSHIP APPLICATION

NAME			
	LAST	FIRST	MIDDLE

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER ☐

1. Please describe your current work, paying particular attention to the target population and problem areas outlined in the attached selection criteria. Be specific about number of people supervised, geographic area covered, etc. Attach additional sheet if necessary.

PLEASE TURN PAGE

2. Briefly outline your plans for implementation over the next 2 or 3 years of the training received at the summer program. Be specific about the impact in numbers of people trained, etc. Also please clearly describe your freedom to innovate in program areas and discuss any problems you feel you may face in transferring the training received at the program into your local setting. Attach additional sheet if necessary.

Please feel free to submit any further documentation and/or recommendation letters which you feel would be supportive of your application.

I understand that acceptance of a sponsorship entails cooperating with the Institute for Sex Research in planning future programs and participating in post-program surveys.

Date ______________________ Signature ______________________________

SELECTION CRITERIA FOR SPONSORSHIP

Thirty-five to forty sponsorships will be awarded for the 1977 program depending on total funding. Sponsorships are not available to employees of the U.S. National Institutes of Health or its branches.

Trainees must be currently employed on either a paid or volunteer basis in an institution, organization, clinic, public-service facility, or outreach group which services one of the target problem areas outlined below. Sponsorships are available only to individuals working in the U.S. or in U.S. sponsored programs.

The trainee's commitment to transferring information gained at the training program to his/her home organization, and to training in general, will be a factor for consideration. Therefore, a person who is in a position to train other workers or to prepare educational materials would receive more serious consideration than a person who would be less likely to directly utilize the training.

Trainees must agree to participate in follow-up surveys for the duration of the grant (7/1/76 - 6/30/78).

TARGET PROBLEMS AND POPULATIONS

1) Lower- and lower-middle-class populations, especially ethnic or minority groups, whose contact with psychiatrists, psychologists, and other highly trained professionals is lacking or minimal, and who depend upon nurses, social workers, and various paraprofessionals for sexual information or counseling. This includes both urban and rural population groups.

2) Sexual problems of the mentally handicapped, including both institutionalized and non-institutionalized patients. This includes the mentally retarded.

3) Sexual problems of the physically disabled and handicapped, including the blind, cerebral palsied, paraplegics, and other groups - again, both institutionalized and non-institutionalized.

4) Sexual problems of surgical patients and the chronically ill. This would include ostomates, mastectomy patients, heart disease and heart surgery patients, diabetics, etc.

5) There are numerous other groups and problems for which help may depend on reaching influential aspects of the society as a whole rather than specific training for individuals or groups. Basic attitudes towards sociosexual issues such as the sexual behavior of the elderly, the sexual needs of institutionalized people, and the legal aspects of sexual behavior can be approached by directing a portion of our training efforts toward departments of forensic studies, juvenile justice systems, state bar associations, national religious groups, representatives of the media, administrators of correctional facilities, police department training personnel, and other influential groups.

INSTITUTE FOR SEX RESEARCH - SUMMER PROGRAM
PROGRAM EVENT REACTION FORM

T21 MH-14051

Please respond to each item below by circling the number which best describes your reactions to this program event. Feel free to add comments, suggestions, etc. under each item.

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER ______

	Strongly Agree		Agree		Not Sure		Disagree		Strongly Disagree
1. This particular subject area is important to my professional interests.	9	8	7	6	5	4	3	2	1
2. This particular subject area is important to my personal interests.	9	8	7	6	5	4	3	2	1
3. I received new information, ideas for new approaches, etc. from this presentation.	9	8	7	6	5	4	3	2	1
4. The format of the presentation (single lecturer, panel, films, etc.) was appropriate for this subject area.	9	8	7	6	5	4	3	2	1
5. The audiovisual materials and handouts (if used) were appropriate to the presentation.	9	8	7	6	5	4	3	2	1
6. The lecturer, panel members, etc. gave the impression of being competent to cover this subject area.	9	8	7	6	5	4	3	2	1
7. The lecturer, panel members, etc. did a good job as presentor(s) (established audience rapport, spoke clearly, etc.).	9	8	7	6	5	4	3	2	1
8. This program event contributed to meeting my goals or expectations for attending the program.	9	8	7	6	5	4	3	2	1

9. We would appreciate any other comments or suggestions on this program event not covered by the above items:

CUMULATIVE SECTION. How are you feeling about your program so far?

INSTITUTE FOR SEX RESEARCH - SUMMER PROGRAM

SEXUAL ATTITUDE REASSESSMENT WEEKEND PARTICIPANT EVALUATION FORM

LAST 4 DIGITS OF
SOCIAL SECURITY NUMBER ☐

Name of Male Facilitator ____________________

Name of Female Facilitator ____________________

1. How many times have you attended intensive small group experiences before?

none 1 2 3 4 5 6 7 8 9 more than 9 ____

2. How many times have you attended "SAR's" before?

none 1 2 3 4 5 6 7 8 9 more than 9 ____

3. Please rate your male facilitator on the following qualities by circling a number between each word pair.

Active	9	8	7	6	5	4	3	2	1	Passive
Non-Controlling	9	8	7	6	5	4	3	2	1	Controlling
Non-Protective	9	8	7	6	5	4	3	2	1	Protective
Self-Revealing	9	8	7	6	5	4	3	2	1	Non-Self-Revealing
Uptight	9	8	7	6	5	4	3	2	1	Relaxed
Adequate	9	8	7	6	5	4	3	2	1	Inadequate
Weak	9	8	7	6	5	4	3	2	1	Strong
Warm	9	8	7	6	5	4	3	2	1	Cold
Pleasant	9	8	7	6	5	4	3	2	1	Unpleasant
Non-Facilitative	9	8	7	6	5	4	3	2	1	Facilitative

4. Please rate your female facilitator on the following qualities by circling a number between each word pair.

Active	9	8	7	6	5	4	3	2	1	Passive
Non-Controlling	9	8	7	6	5	4	3	2	1	Controlling
Non-Protective	9	8	7	6	5	4	3	2	1	Protective
Self-Revealing	9	8	7	6	5	4	3	2	1	Non-Self-Revealing
Uptight	9	8	7	6	5	4	3	2	1	Relaxed
Adequate	9	8	7	6	5	4	3	2	1	Inadequate
Weak	9	8	7	6	5	4	3	2	1	Strong
Warm	9	8	7	6	5	4	3	2	1	Cold
Pleasant	9	8	7	6	5	4	3	2	1	Unpleasant
Non-Facilitative	9	8	7	6	5	4	3	2	1	Facilitative

5. What did you appreciate most about the weekend?

6. What did you resent most about the weekend?

7. What did you regret most about the weekend?

8. What changes would you recommend for the conduct of the weekend at future programs?

PARTICIPANT EVALUATION FORM
Page 3

Please respond to each item below by circling the number which best describes your reaction. Feel free to add comments under each item.

		Strongly Agree		Agree		Not sure		Disagree		Strongly Disagree
9. Before the weekend began, I was interested in attending.		9	8	7	6	5	4	3	2	1
10. I signed up for the weekend to learn more about how SAR's are conducted.		9	8	7	6	5	4	3	2	1
11. I signed up for the weekend to reassess my sexual attitudes and values.		9	8	7	6	5	4	3	2	1
12. I signed up for the weekend to get a better handle on sexual problem(s).		9	8	7	6	5	4	3	2	1
13. I signed up for the weekend to get to know other participants on a deeper level.		9	8	7	6	5	4	3	2	1
14. I signed up for the weekend because ______________________.										
15. During the weekend I felt comfortable.		9	8	7	6	5	4	3	2	1
16. During the weekend I felt emotionally involved.		9	8	7	6	5	4	3	2	1
17. During the weekend I engaged in self-revelation.		9	8	7	6	5	4	3	2	1
18. During the weekend I feared attack/rejection.		9	8	7	6	5	4	3	2	1
19. During the weekend I experienced coercion.		9	8	7	6	5	4	3	2	1
20. During the weekend I feared self-disclosure.		9	8	7	6	5	4	3	2	1
21. During the weekend another significant personal experience or concern was ______________________.										
22. There was consensus on goals in our group.		9	8	7	6	5	4	3	2	1
23. There was a feeling of unity and mutual trust in our group from the beginning of the weekend.		9	8	7	6	5	4	3	2	1
24. There was a feeling of unity and mutual trust in our group at the end of the weekend.		9	8	7	6	5	4	3	2	1
25. Our group leaders functioned well together as a team.		9	8	7	6	5	4	3	2	1
26. I gained a great deal personally from the weekend.		9	8	7	6	5	4	3	2	1
27. I gained a great deal professionally from the weekend.		9	8	7	6	5	4	3	2	1
28. This weekend compared favorably with other "SAR's" I have attended.	NA	9	8	7	6	5	4	3	2	1

(OVER)

29. We would appreciate any other comments or suggestions on the weekend not covered by the preceding items.

INSTITUTE FOR SEX RESEARCH - SUMMER PROGRAM

GENERAL EVALUATION OF PROGRAM

Please respond to each item below by circling the number which best describes your reaction to the following statements. Feel free to add personal comments or program suggestions below each item.

LAST 4 DIGITS OF
SOCIAL SECURITY NUMBER

	Strongly Agree		Agree		Not Sure		Disagree		Strongly Disagree
1) The program would be useful in designing a new course or program dealing with human sexuality.	9	8	7	6	5	4	3	2	1
2) The program would be useful in revising or augmenting an existing course or program dealing with human sexuality.	9	8	7	6	5	4	3	2	1
3) The program would be useful in adding material on human sexuality to a course or program in some other subject field.	9	8	7	6	5	4	3	2	1
4) The program would be useful in beginning to do sex therapy or sex counseling.	9	8	7	6	5	4	3	2	1
5) The program would be useful in adding new techniques to an existing sex therapy or sex counseling practice.	9	8	7	6	5	4	3	2	1
6) The program would be useful in adding sexual areas to an existing practice in some other speciality area.	9	8	7	6	5	4	3	2	1

		Strongly Agree		Agree		Not Sure		Disagree		Strongly Disagree
7)	The exchange of ideas with other participants contributed to the value of the program.	9	8	7	6	5	4	3	2	1
8)	The exchange of ideas with lecturers and panel members contributed to the value of the program.	9	8	7	6	5	4	3	2	1
9)	The exchange of ideas with Institute staff members contributed to the value of the program.	9	8	7	6	5	4	3	2	1
10)	The program would be useful in furthering progress in research.	9	8	7	6	5	4	3	2	1
11)	Participation in the program increased my factual information on human sexuality.	9	8	7	6	5	4	3	2	1
12)	Participation in the program will make me more comfortable professionally in dealing with the subject of human sexuality.	9	8	7	6	5	4	3	2	1
13)	Participation in the program has increased my understanding of my own sexuality.	9	8	7	6	5	4	3	2	1
14)	Participation in the program changed my values concerning human sexuality.	9	8	7	6	5	4	3	2	1

T21 MH-14051

			Strongly Agree		Agree		Not Sure		Disagree		Strongly Disagree
15)	I learned about resources and services which will help me in my current or future work.		9	8	7	6	5	4	3	2	1
16)	I learned about audiovisual materials which will help me in my current or future work.		9	8	7	6	5	4	3	2	1
17)	The pre-program materials, application process, etc. was informative and clear.		9	8	7	6	5	4	3	2	1
18)	The registration process at the program was efficient and orderly.		9	8	7	6	5	4	3	2	1
19)	The materials available in the registration folder and at the program were useful.		9	8	7	6	5	4	3	2	1
20)	If you visited the research collections in Morrison Hall, that experience was a valuable addition to the program.	NA	9	8	7	6	5	4	3	2	1
21)	The scheduled social times (first night reception, afternoon hospitality hours, Sunday evening party) contributed to the value of the program.		9	8	7	6	5	4	3	2	1

	Strongly Agree		Agree		Not Sure		Disagree		Strongly Disagree
22) The total program experience met my goals for attending.	9	8	7	6	5	4	3	2	1
23) Overall, I would evaluate the program as worthwhile and would recommend it to colleagues.	9	8	7	6	5	4	3	2	1

24) What was the most outstanding aspect of the program?

25) What was the greatest weakness of the program?

26) Please list any topics, presentations, etc. you feel could be omitted for future programs:

27) Please list any topics, etc. you feel should be added to or have increased coverage in future programs:

28) If you have attended other programs, workshops, courses, etc. in human sexuality, we would appreciate your comparative comments:

29) Please list any journals, newsletters, organizations, institutions, individuals, etc. you feel we should contact to disseminate information about future programs:

30) We would appreciate your comments and suggestions on our evaluation materials and procedures:

31) We would appreciate any comments or suggestions not covered by the above items:

Please complete and return this form before JULY 21, 1978, in the prestamped return envelope.

If you misplace the envelope, mail to: Institute for Sex Research Summer Program
416 Morrison Hall
Indiana University
Bloomington, IN 47401

Thank you for your valuable contribution to the program and to the evaluation process.

Copies of the forms used and brief data summaries will be available to all participants upon request. If your address changes, please notify us.

INDIANA UNIVERSITY
INSTITUTE FOR SEX RESEARCH, INC.
MORRISON HALL 416
BLOOMINGTON, INDIANA 47401
TEL. (812) 337-7686

Founded by Alfred C. Kinsey

Paul H. Gebhard, Director

Dear Colleague,

We are currently evaluating our summer programs for the years 1975, 1976, and 1977. As a participant in one of those programs, you are an essential source of information and assistance to us in this effort. The attached questionnaire is an attempt to solicit your feedback in a structured way.

There are three major foci to this survey. First, we are asking for your current reactions to and evaluation of the program you attended. Secondly, we would like to know if and how your participation in the summer program has affected you and your work. The third area of interest is what you would now conceptualize as an ideal program.

The questionnaire is comprehensive and may take one to two hours to complete. The only direct payment for your time spent on the questionnaire will be a copy of the summary findings. Indirectly, however, your participation in this crucial stage of the evaluation process will be a contribution toward designing more effective training approaches for all of us interested in the field of human sexual behavior.

The evaluation packet consists of the questionnaire, a code sheet listing the program events for the year you attended and a pre-paid return envelope. Please feel free to attach extra sheets if needed and/or to enclose additional materials in the return envelope. Unfortunately, we cannot accept any questionnaires in the pre-paid envelope after August 15, 1978 because our account with the Post Office closes on that date. If your packet is incomplete or if you have any questions, please contact me before completing the questionnaire.

On behalf of the Institute staff, please accept my personal appreciation for your commitment of time to this survey and to your interest in our programs.

Sincerely,

Ruth A. Beasley

Ruth A. Beasley
Training Seminar Coordinator

*PLEASE RETURN THE COMPLETED QUESTIONNAIRE BY JULY 14, 1978.

*PLEASE PRINT ALL RESPONSES IN DARK INK OR ATTACH TYPED SHEETS WITH THE QUESTION NUMBER TYPED ABOVE EACH RESPONSE.

*PLEASE READ THE ENTIRE QUESTIONNAIRE BEFORE BEGINNING.

SECTION I: GENERAL INFORMATION

1. NAME:

LAST	FIRST	MIDDLE

2. PREFERRED MAILING ADDRESS, including postal or zip code:

____

____

____

____

3. PHONE: office: ( ) area code home: ( ) area code

4. EDUCATION:

Higest earned degree	Year	Major subject	Institution

If you are currently enrolled in an academic program, please complete the following:

Degree expected	Year	Major subject	Institution

5. If you have changed your job title, institutional affiliation, or your job responsibilities since attending the summer program, please note the change and tell us in 1 or 2 sentences about your current job. We would particularly like to know how many and what type of people you routinely work with (e.g., are these people students, interns, community leaders, patients, other staff members)?

6. *Costs of attending the summer program include direct expenses (fees, travel, housing, meals, etc.) as well as indirect expenses (time away from home, office, etc.). How did you "pay" these "costs"? Check* *EACH* *statement that applied to your situation.*

____ I paid all direct expenses from my own resources.

____ I received an NIMH sponsorship which covered direct expenses.

____ My employer gave me time off to attend the program.

____ I had to use vacation time, leave without pay, or some similar arrangement in order to attend the program.

____ I am self-employed and took time away from my practice or usual work in order to attend the program.

____ I knew that direct expenses could be claimed as continuing education for income tax purposes if I wanted to do so.

____ Other (please describe)____

7. *ONLY NIMH-SPONSORED PARTICIPANTS ARE TO ANSWER THIS QUESTION*.

YES	NOT SURE	NO	
____	____	____	Would you have attended the summer program at your own expense at the time you did?
____	____	____	Would you have attended the summer program at your own expense at any time?
____	____	____	Would your employer/institution/agency/etc. have sent you or a colleague to the summer program at the institution's expense?
____	____	____	Has your employer/institution/agency/etc. sent a colleague to the summer program since your return?

8. Since attending the summer program, have you attended any other workshops, seminars, or academic courses which dealt PRIMARILY with human sexuality?
_____ YES _____ NO

If so, please list them and the date you attended. Please include comparative statements with the ISR summer program experience.

____

____

____

____

SECTION II: GENERAL GOALS AND EXPECTATIONS

Please respond to each item below by circling the number which best describes your current reaction to the following statements. Feel free to add personal comments below each item.

	Strongly Agree		Agree		Not Sure		Disagree		Strongly Disagree		Not Applicable
9. The program was useful to me in designing a new course or program dealing with human sexuality.	9	8	7	6	5	4	3	2	1		0
10. The program was useful to me in revising or augmenting an existing course or program dealing with human sexuality.	9	8	7	6	5	4	3	2	1		0
11. The program was useful to me in adding materials on human sexuality to a course or program in some other subject field.	9	8	7	6	5	4	3	2	1		0
12. The program was useful to me in beginning to do sex therapy or sex counseling.	9	8	7	6	5	4	3	2	1		0
13. The program was useful to me in adding new techniques to an existing sex therapy or sex counseling practice.	9	8	7	6	5	4	3	2	1		0
14. The program was useful to me in adding sexual areas to an existing practice in some other specialty area.	9	8	7	6	5	4	3	2	1		0
15. The exchange of ideas with other participants contributed to the value of the program for me.	9	8	7	6	5	4	3	2	1		0
16. The exchange of ideas with lecturers and panel members contributed to the value of the program for me.	9	8	7	6	5	4	3	2	1		0
17. The exchange of ideas with Institute staff members contributed to the value of the program for me.	9	8	7	6	5	4	3	2	1		0
18. The program was useful to me in furthering progress in research.	9	8	7	6	5	4	3	2	1		0
19. Participation in the program increased my factual information on human sexuality.	9	8	7	6	5	4	3	2	1		0

SECTION II: GENERAL GOALS AND EXPECTATIONS

	Strongly Agree		Agree		Not Sure		Disagree		Strongly Disagree		Not Applicable
20. Participation in the program made me more comfortable professionally in dealing with the subject of human sexuality.	9	8	7	6	5	4	3	2	1		0
21. Participation in the program increased my understanding of my own sexuality.	9	8	7	6	5	4	3	2	1		0
22. Participation in the program changed my values concerning human sexuality.	9	8	7	6	5	4	3	2	1		0
23. I learned about resources and services which have helped me in my current work.	9	8	7	6	5	4	3	2	1		0
24. I learned about audiovisual materials which have helped me in my current work.	9	8	7	6	5	4	3	2	1		0
25. The materials available in the registration folder and at the program were useful to me.	9	8	7	6	5	4	3	2	1		0
26. The experience of visiting the library collections in Morrison Hall was a valuable addition to the program for me.	9	8	7	6	5	4	3	2	1		0
27. The scheduled social times (first night reception, afternoon hospitality hours, Sunday evening party)contributed to the value of the program for me.	9	8	7	6	5	4	3	2	1		0
28. The attitude reassessment weekend contributed to the value of the program for me.	9	8	7	6	5	4	3	2	1		0
29. The total program experience met my goals for attending.	9	8	7	6	5	4	3	2	1		0
30. Overall, I would evaluate the program as worthwhile for me and I would recommend it to colleagues.	9	8	7	6	5	4	3	2	1		0

SECTION III: SPECIFIC PROGRAM EVENTS

31. *Enclosed in this evaluation packet is an EVENT CODE SHEET for the year you attended the summer program. It is a brief listing of all the presentations for that year. Each event has been assigned a code number.*

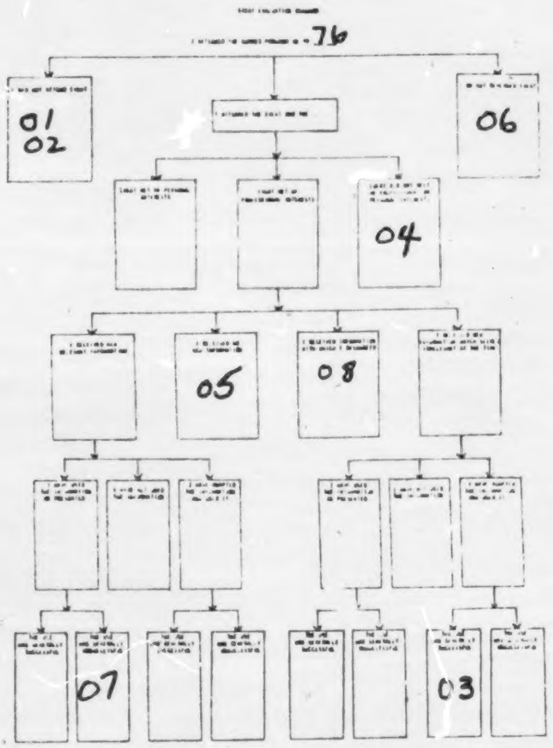
On the next page of the evaluation form is an EVENT EVALUATION DIAGRAM. It is a series of boxes which represent various levels of remembering, evaluating, and using a program event as you currently assess it.

Please look at the total diagram and labels for each box. The word "information" in the box labels is used to cover all elements such as content, format, techniques, audiovisual materials, etc.

> Enter each code number from the EVENT CODE SHEET in the ONE box which best represents your current reaction to the event. Please try to assign each event code for that year to a box. It is likely that many boxes may remain empty.

An abbreviated example is given below to assist you with beginning to complete the diagram. The example uses code numbers from the 1976 summer program.

EVENT EVALUATION EXAMPLE



Jane Doe arrived late and missed the orientation session (01) and the lecture on mammalian behavior (02).

She attended the session on anthropological perspectives (03), found parts of it interesting and new, but felt the general content was irrelevant to her work. She now realizes, however, that she has sometimes used part of the examples in an adapted way to help her clients feel more comfortable with their own or others' sexual behavior.

She remembers attending the session on gender differentiation (04) but still feels it was outside the scope of her area of interests.

Jane recalls the event on sexual interviewing (05) and also remembers that she didn't learn any new techniques.

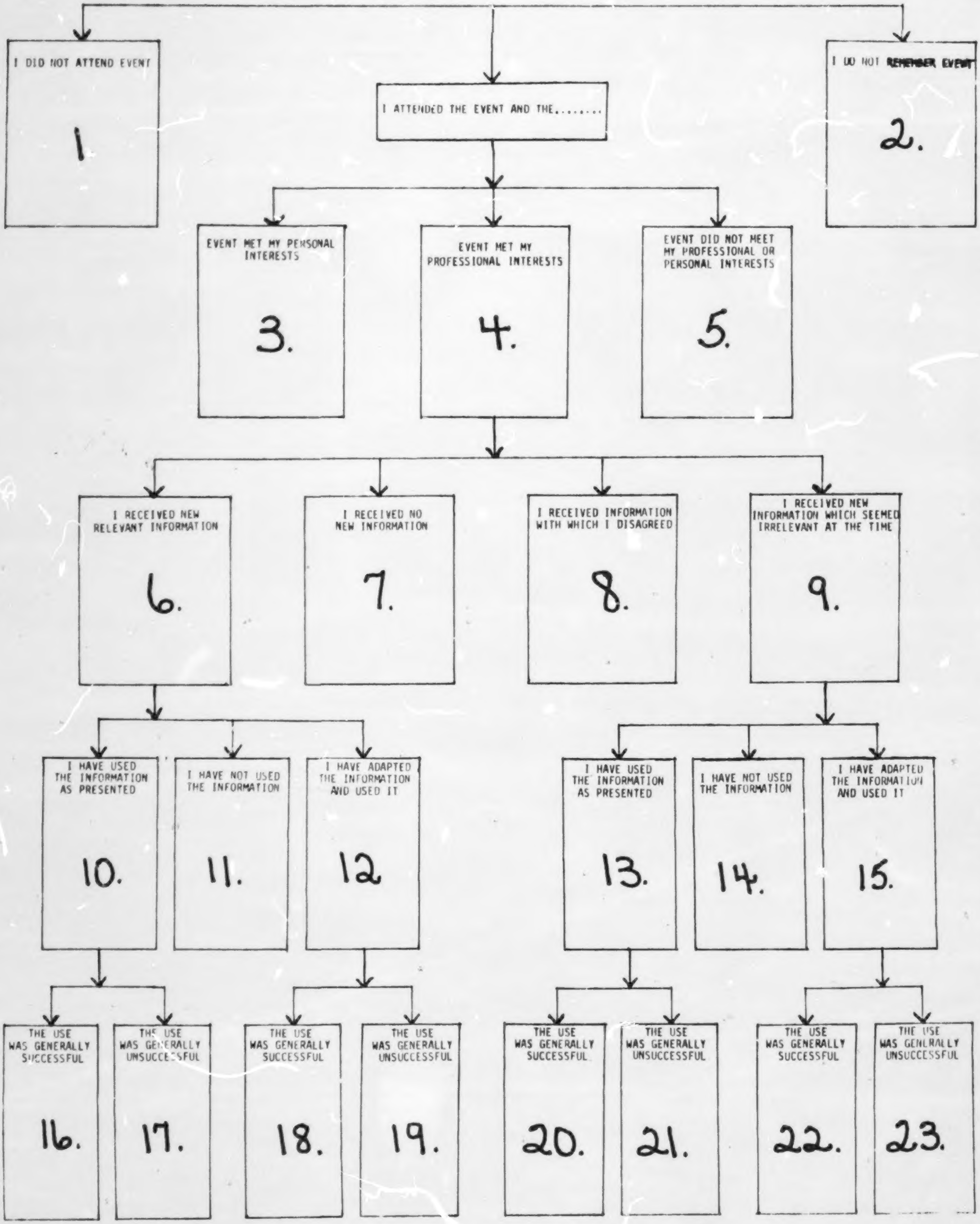
She doesn't remember the next session on socioeconomic groups (06) at all.

The session on homosexuality (07) was one of her reasons for attending, but she has found it difficult to actually use any of the data or concepts in her work setting.

Jane clearly recalls the sex role presentation (08) because she disagreed with many of the points.....

EVENT EVALUATION DIAGRAM

I ATTENDED THE SUMMER PROGRAM IN 19 ___


I DID NOT ATTEND EVENT
1.
I ATTENDED THE EVENT AND THE........
I DO NOT REMEMBER EVENT
2.
EVENT MET MY PERSONAL INTERESTS
3.
EVENT MET MY PROFESSIONAL INTERESTS
4.
EVENT DID NOT MEET MY PROFESSIONAL OR PERSONAL INTERESTS
5.
I RECEIVED NEW RELEVANT INFORMATION
6.
I RECEIVED NO NEW INFORMATION
7.
I RECEIVED INFORMATION WITH WHICH I DISAGREED
8.
I RECEIVED NEW INFORMATION WHICH SEEMED IRRELEVANT AT THE TIME
9.
I HAVE USED THE INFORMATION AS PRESENTED
10.
I HAVE NOT USED THE INFORMATION
11.
I HAVE ADAPTED THE INFORMATION AND USED IT
12
I HAVE USED THE INFORMATION AS PRESENTED
13.
I HAVE NOT USED THE INFORMATION
14.
I HAVE ADAPTED THE INFORMATION AND USED IT
15.
THE USE WAS GENERALLY SUCCESSFUL
16.
THE USE WAS GENERALLY UNSUCCESSFUL
17.
THE USE WAS GENERALLY SUCCESSFUL
18.
THE USE WAS GENERALLY UNSUCCESSFUL
19.
THE USE WAS GENERALLY SUCCESSFUL
20.
THE USE WAS GENERALLY UNSUCCESSFUL
21.
THE USE WAS GENERALLY SUCCESSFUL
22.
THE USE WAS GENERALLY UNSUCCESSFUL
23.

32. *Now that you have reacted to the specific events at the summer program, we would like you to provide us with more general feed-back.*

Please tell us about your total program experience. Some issues you might include would be: how the program met your pre-program expectations or goals; if your reactions have changed over time; any particular frustrations; and any personal reactions to attending the program. Attach additional sheet(s) if needed.

SECTION IV: GENERAL POST-PROGRAM ACTIVITIES

There are many other potential results from attending the summer program in addition to a direct transfer of information or application of new ideas.

For each of the following questions, indicate your response in the space provided using the following codes:

YES = 1 *NOT YET = 2* *NO = 3*

SINCE ATTENDING THE PROGRAM:

_____ 33. Have you contacted the Institute for further information of any sort?

_____ 34. Have you contacted any other formal group that you learned about at the program for information or assistance?

_____ 35. Have you contacted other program participants about professional questions?

_____ 36. Have you contacted any of the program speakers for information or assistance?

_____ 37. Do you think you have a better idea of where to seek **out** information on sexual issues?

_____ 38. Do you feel that you read more widely in the subject area than prior to attending the program?

_____ 39. Do you feel that you are more sensitive to or more perceptive concerning the sexual questions or problems in your work?

_____ 40. Have you investigated the other human service agencies available in your area as potential referrals for sexual issues?

_____ 41. Have you been involved in cooperative ventures with other agencies to coordinate the provision of services for sexual questions and problems?

_____ 42. Do you find that other staff in your work unit view you as a resource for sexual information or that they make referrals to you?

_____ 43. Do you find that outside staff or other agencies relate to you as a resource person or that they make referrals to you or your work unit?

_____ 44. Have you sought out other training opportunities in human sexuality?

_____ 45. Have you evaluated your current job and enlarged your responsibilities in the area of sexual questions and problems?

_____ 46. Have you evaluated your career plans and considered a job change and/or further education that would enlarge your work in the area of sexual questions and problems?

_____ 47. Do you find that you do more work or have more contacts across traditional occupational or professional lines than you did before the program?

48. *We are interested in knowing what you have been doing since you attended the summer program and how attending the program changed your work, if at all.*

Although we would like as full as report as possible, there are certain areas of services which are of particular interest to us:

-- training programs initiated, expanded, altered, etc.

-- lower and middle-class population groups (especially ethnic or minority groups) whose contact with highly skilled specialists is lacking or minimal (both rural and urban settings)

-- mentally handicapped, mentally retarded, physically disabled or handicapped, surgical patients, chronically ill, the elderly, and other special populations (both institutionalized and non-institutionalized)

__ cooperative arrangements with other agencies, groups, etc.

One thrust of this evaluation is to attempt to define the post-program impact of each participant on his or her local area. When discussing your work, please be as specific as possible in defining the types of people served, the numbers served, and the geographic area served. Please present your report in an annual format if possible.

We are also interested in hearing about plans that didn't work out and any difficulties encountered as well as successfully implemented programs. Could any summer program changes or post-program services have been provided that might have helped you overcome problems of implementation?

Attach additional sheets if necessary. Feel free to enclosed any reports, copies of publications, or any other documentation you feel would help us most clearly define, categorize, and quantify your post-program work.

1976 & 1977 NIMH-SPONSORED PARTICIPANTS PLEASE NOTE:

You submitted a plan for action as part of your sponsorship application. Please give us your assessment of how that plan worked out. Your report can be incorporated into the above general question if you wish.

SECTION VI: FORMATS FOR SPECIAL TOPICS

INSTRUCTIONS:

One of the goals of the program was to cover topics related to specific target populations such as the mentally or physically handicapped, surgical patients, and populations which normally do not have ready access to psychiatrists or other specialists.

There are various approaches to covering specialized sexual problem areas. The summer program offered presentations on those topics in conjunction with a broader overview of human sexuality. In this section, the following questions are designed to explore alternative approaches.

> *For each of the following questions, please consider the IDEAL SITUATION for individuals who are in job settings similar to yours.*
>
> *For each question, please mark only ONE response and then indicate your resons for selecting that response in the space marked "WHY".*

49. How do you think such topics should ideally be covered?

____ Only within the context of an academic curriculum (i.e. not as a separate workshop).

____ Only after a separate general course in human sexual behavior.

____ In conjunction with a general course in human sexuality, but as separate presentations.

____ In conjunction with a general course in human sexuality, but inbedded in the general lectures as further information--not as separate topics.

____ Totally as separate topical workshops without any presentations on human sexuality in general.

____ Workshops of any form are not really necessary because specialized reading lists and/or guides to resources yield as much useful information.

____ Other (please describe) ______________________________

____

WHY? ______________________________

____

____

____

50. Ideally, who should teach or give information about special topic areas?

_____ Researchers who have done projects on the subject area.

_____ Administrators of services designed to serve the specialized populations.

_____ Service delivery staff (i.e. actual case workers) of units which serve the specialized populations.

_____ Consumers of the specialized services (i.e. members of the specific population) stating their own needs.

_____ Other (please describe)____

____

WHY?____

____

____

____

51. Ideally, where should such information or training be offered?

_____ Within your home institution or work unit and limited to your own staff.

_____ On a community basis to include all types of human service delivery units in your local area.

_____ On a regional or state basis to include representatives from human service delivery units in the total area.

_____ On a national basis including representatives from various geographic areas.

_____ Other (please describe)____

____

WHY?____

____

____

____

52. Ideally, participants at the training should:

____ All be from similar job settings and educational backgrounds.

____ All be from similar job settings regardless of educational backgrounds.

____ All be personnel from the same institutional setting regardless of job responsibilities.

____ Represent various job settings and/or educational backgrounds.

____ Other (please describe)____

____

WHY?____

____

____

53. The ideal format for a training program is:

____ All lectures, including time for questions and answers.

____ All small group presentations to promote discussion.

____ A mixture of lecture sessions and small group discussions.

____ Other (please describe)____

____

WHY?____

____

____

54. The ideal length for a training program is:

____ 1 day ____ 1 weekend ____ 1 week

____ Other (please describe)____

____

WHY?____

____

____

55. Should explicit sexual materials (films, slides, etc.) be used in a training program for people in job settings similar to yours?

_____ YES

_____ NO

WHY?____

____

____

56. Ideally, a sexual attitude reassessment program should be:

_____ Offered in a separate time block, but required as part of the total program.

_____ Offered as separate sessions, but spread throughout the program (e.g. every evening).

_____ Not offered at all in the context of a training program.

_____ Offered as a separate program by itself.

_____ Other (please describe)______________________________________

____

WHY?____

____

____

57. Now, please review the preceeding questions and your responses as to the IDEAL program for covering specialized topics.

Your choices as to how, who, and where have concrete implications in terms of designing programs and costs of such programs.

How would you combine the above elements, and any other points you feel are crucial to a successful training program, into a "single package" for individuals in job settings similar to yours?

____

____

____

____

____

EVENT CODE SHEET - SUMMER PROGRAM 1975

01 - Overview of the Institute and Current Projects (ISR staff)
   - Overview of the Institute's Research Collections and Services (ISR staff)

02 - Mammalian Sexual Behavior (Gebhard)

03 - Anthropological Perspectives of Human Sexuality (Gebhard)

04 - Childhood and Adolescent Sexuality (Bell)

05 - Heterosexual Behavior (Gebhard)

06 - Diseases of Sexual Transmission (Aronoff)

07 - Rape and Rape Investigation (Huntington)

08 - Homosexualities (Bell)

09 - Homosexual Adaptations (Weinberg)

10 - Homosexuality (Panel Discussion)

11 - Film on Male Homosexuality: A Very Natural Thing

12 - Two-Day Attitude Reassessment Workshop - small groups

13 - Marital Sexuality (Johnson)

14 - Principles of Gender Differentiation and Psychosexual Development (Ehrhardt)

15 - History of Pornographic Films (Huntington)

16 - Bisexuality (Schwartz)

17 - Paraphilias (Gebhard)

18 - Behavior Therapy and Counseling with Lower Socioeconomic Groups (Settlage)

19 - Behavior Therapy in Sexual Disorders (Denholtz)

20 - Gender Identity Development (Green)

21 - Transexualism (Panel Discussion)

*22 - Sex Education for the Handicapped (Bass)

*23 - Problems Involved with Sexuality and the Cerebal Palsied (Cook)

*24 - Post-Masectomy: Quality of Adjustment (Wabrek)

*25 - Patients Following Urologic Surgery (Winer)

(Events marked with * lasted only 20 minutes each)

*26 - Community Services (Boynton)

*27 - Planned Parenthood (Mayhall)

*28 - Training Sex Counselors for the Developmentally Disabled (Farr)

29 - Films on Special Problems: Like Other People, Just What Can You Do?, Touching, etc.

*30 - The New Sexuality: Implications for Social Work (Schultz)

*31 - A Community Family Life Education Program for Parents (Deming)

*32 - Marital and Sexual Factors in Epidemiological Inquiry - Aging (Martin)

*33 - Urban Services: The Problems of Daily Living Clinic (Pearsall)

*34 - Some Considerations for Developing a Program on Sexuality in a Catholic Social Service Agency (Thigpen)

*35 - Obstacles to Development of Education and Counseling Programs for the Indigent Mentally Disabled (Gallese)

*36 - Ostomating: Surgery and Psychological and Physical Sexual Dysfunctions (Binder)

*37 - Sexuality of the Spinal Cord Injured (Dahlberg)

*38 - Problems of the Physically Handicapped and the Aging in Attracting Sexual and Marital Partners (Walster)

*39 - Sexuality in a Mental Institution (Leichtman)

*40 - Manchester Project: A Broad Mental Health Approach in Treating the Rural Poor (Welsh)

*41 - Sexual Counseling and Therapy in a Rural Community Mental Health Program (Coley)

*42 - Mental Health Services for Homosexuals (Stoll)

*43 - The Diverted Sex Offender (Smith)

*44 - Development and Implementation of a Treatment Unit for Sexual Offenders (Seely)

*45 - Sexual Abuse of Children (Womack)

*46 - Problems of Parents and Professionals with the Sexuality of Handicapped Adolescents (Bonner)

*47 - Sexuality Problems (Gendel)

48 - History of Censorship (Gebhard)

49 - Adaptation of the Model Program (Vines)

(Events marked with * lasted only 20 minutes each)

EVENT CODE SHEET - SUMMER PROGRAM 1976

01 - Overview of the Institute and Current Projects (ISR staff)
Overview of the Institute's Research Collections and Services (ISR staff)

02 - Mammalian Sexual Behavior (Gebhard)

03 - Anthropological Perspectives of Human Sexuality (Gebhard)

04 - Gender Differentiation and Psychosexual Development (Mazur)

05 - Sexual Interviewing and Developmental Sexuality (Pomeroy)

06 - Sexual Development and Behaviors in Varying Socioeconomic Groups (Strong)

07 - Appraisal of Homosexuality (Bell)

08 - Sex Role Research (Farrell)

09 - Homosexualities (Panel Discussion)

10 - Our Sexual Attitudes and Values (Bell)

11 - Sex Education Programs and Problems (Vines)

12 - Atypical Sex Role Development in Children (Green)

13 - Transexualism - demonstration interview and discussion (Green, et. al.)

14 - Sex Therapy and Counseling with Lower Socioeconomic Groups (Settlage)

15 - Psychosexual Treatment of the Sexual Dysfunctions (Kroop)

*16 - The Utilization of Graphic Expression in the Modification of Sexual Behavior (Nederlander)

*17 - Resurrection, Resurgence and Augmentation of Sex and Sexuality in the Post-Menopausal Woman (Abarbanel)

*18 - One-Day Intensive Sexuality Workshop for Women (Madison and Meadow)

*19 - Use of Instructional Systems in Treatment of Ejaculatory Dysfunction (Drake)

20 - Films on Physiological Responses in the Lab: Implant of Hydraulic Prosthesis, etc.

*21 - Sexuality of the Spinal Cord Injured (Dahlberg)

*22 - Sexual Rights and Responsibilities on the Mentally Retarded and Physically Handicapped (Thompson)

(Events marked with * lasted only 1 hour each)

(OVER)

*23 - Sexual Behaviors and Problems Among Deaf People (Robinson)

*24 - Sex and the Ostomate (Ward)

25 - Films on Special Problems: Like Other People, Just What Can You Do?. Touching, etc.

26 - Rape and Community Responses (Panel Discussion)

27 - Sexually Transmitted Diseases: Clinical Approach (Aronoff)

28 - Community Services and Agencies (Panel Discussion)

29 - Paraphilias (Gebhard)

30 - History of Pornographic Films (Huntington)

31 - History of Censorship (Gebhard)

32 - What Do You Do When You Get Home? (Pearsall and Farr)

33 - Two-Day Sexual Attitude Reassessment Weekend - small groups

(Events marked with * lasted only 1 hour each)

EVENT CODE SHEET - SUMMER PROGRAM 1977

01 - Welcome to the Program (Beasley)
Program Goals (Pearsall)

02 - Overview of the Institute and Current Projects (ISR staff)
Overview of the Institute's Research Collections and Services (ISR staff)

03 - Mammalian Sexual Behavior (Gebhard)

04 - Anthropological Perspectives of Human Sexuality (Gebhard)

05 - Adolescent Sexuality (Canfield)

06 - Appraisal of Homosexuality (Bell)

07 - Marital Change (John and Letha Scanzoni)

08 - Blue Collar Marriage and the Sexual Revolution (Rubin)

09 - Sexual Attitudes and Values (Bell and Pearsall)

10 - Patterns of Resistance to Sex Therapy (Kroop)

11 - Sex Therapy and Sexuality Education for the Physically Handicapped (Dahlberg)

12 - Psychological Principles in the Management of Cancer Patients (Schain)

13 - Films on Special Problems: Like Other People, Just What Can You Do?, Touching, etc.

14 - Assessment and Interpretation of Sex Research Literature (Robinson)

15 - Professional Ethics (Pearsall)

16 - Sexually Transmitted Diseases: Clinical Approach (Aronoff)

17 - Paraphilias (Gebhard)

18 - Sex Education for Social Workers and Other Human Service Personnel (Brashear)

19 - Sexuality Education for the Mentally Retarded (Brantlinger)

20 - History of Censorship (Gebhard)

21 - Gender Development (Ehrhardt)

22 - Atypical Sex Role Development in Children (Green)

23 - Films: I Am Something Else, Infant Masturbation, S-M, Chant d'Amour

24 - Films: Radical Sex Styles, In the Best Interest of the Children

25 - Sexual Response Physiology (Wagner)

26 - Program Reactions and Re-Entry Problems (Pearsall)

27 - Two-Day Sexual Attitude Reassessment Weekend - small groups

EVENT CODE SHEET - SUMMER PROGRAM 1978

01 - Welcome to the Program (Beasley)
Goals for the ISR Summer Program (Pearsall)

02 - System of Medical Values and Ethics (Engelhardt)

03 - Overview of the Institute's Current Projects, Research Collections and Services (ISR staff)

04 - Homosexualities (Bell)

05 - Incest: The Last Taboo (Farrell)

06 - Sexual Abuse of Children (Walters)

07 - Clinical Workshop (Moderator: Pearsall)

08 - Beyond the Male Myth (Pietropinto)

09 - Sexual Scripts: The Social Construction of Female Sexuality (Long Laws)

10 - Ground Rules and Orientation to the SAR Process (Bell and Pearsall)

11 - Overview of Models for Sexual Therapy (L. Wabrek)

12 - Sexual Implication of Disease (A. Wabrek)

13 - The Use of Surrogates in Sex Therapy (Apfelbaum)

14 - Clinical Workshop (Moderator: Pearsall)

15 - Outcome Research on Alternative Therapy Models (Liss-Levinson)

16 - One Clinical Model: Problems of Daily Living Clinic (Pearsall)

17 - Children of the Sexually Atypical: Psychological and Political Implications (Green)

18 - Clinical Workshop (Moderator: Pearsall)

19 - Legal and Ethical Considerations of Sex Research and Sex Therapy - panel

20 - Directions and Issues (Gebhard and Pearsall)

21 - Two Day Sexual Attitude Reassessment Weekend - small groups

INSTRUCTIONS FOR INTERPRETING EVENT REACTION TABLES

TABLE ELEMENTS:

A. DATA SOURCE

- For discussion of the source of the data found in these tables, see Project Findings Section (pp. 29-40).

B. REACTION LABEL HEADING

1. This label indicates the type of reaction trainees had to program events.
2. For discussion of reaction labels (ACTIVE, POSITIVE PROFESSIONAL, POSITIVE PERSONAL, NEGATIVE, NEUTRAL) see Project Findings Section (pp. 30-32).

C. COLUMN TITLES

1. Designates the type of trainee (sponsored or non-sponsored)
2. Designates the trainee's primary job setting.
3. Designates the number of responses being reported in the column (N = X)

D. EVENT CODE NUMBER

1. This is the 2-digit number listed in each column.
2. The titles and presentors for each program event are listed by this code number on the Event Code Sheets for 1975, 1976, and 1977.
3. The Event Code Sheets are found in the Appendix (pp. 44-48).

E. PROPORTION OF RESPONSES NUMBER

1. This is the number in parentheses [e.g., (.500)].
2. It is the proportion of all responses for an event for the trainees described in that column's heading for that program year.
3. This proportion figure can also be discussed as a percentage of responses.

Model Program Year   Reaction Label   Total Number of Responses

Type of Trainee

1975 ACTIVE REACTIONS   (TOTAL N = 32)

Job Setting   Program Event Code Number

SPONSORED (N=11)		NON-SPONSORED (N=21)		
EDUCATION (N=4)	PUBLIC SERVICE (N=7)	EDUCATION (N=14)	PUBLIC SERVICE (N=4)	PRIVATE PRACTICE (N=3)
35	22	16	06	08
49		20	12	16
(.500)	(.714)	(.714)	(.750)	(.667)

Proportion of column responses for each event.

WAYS TO USE THE REACTION TABLES:

A. TO LOOK FOR PROGRAM EVENTS REPORTED AS BEING USED BY TRAINEES IN A PARTICULAR JOB SETTING.

1. Note the event codes in columns with job setting of interest (e.g., Education) on the ACTIVE REACTION tables for all program years, 1975, 1976, and 1977.

2. In the table on the preceding page, note that a proportion of .500 (in the sponsored, education column) means that of the 4 responses (N=4), 2 trainees entered those event code numbers (35 and 49) in the box on the Follow-Up Survey and 2 trainees did not.

3. Note that any proportion figure greater than 0.0 is a reported use.

B. TO LOOK FOR ONE TYPE OF TRAINEES' REACTION TO A PARTICULAR PROGRAM EVENT.

1. Find the program event of interest on the Event Code Sheet.
2. Note that event's 2-digit code number.
3. Find that event code number **in** the trainee column of interest (e.g., sponsored-education) on all five Reaction Tables for that program year.

C. TWO SPECIFIC EXAMPLES USING THE SAMPLE TABLE ON PRECEDING PAGE.

1. Which Program Events were reported as actively used by trainees?

   Events 35, 49, 22, 16, 20, 06, 12, 08 and 16 were the most frequently reported events, with Event 16 reported as such by 2 groups--71% of the non-sponsored trainees from educational settings and 67% of the non-sponsored trainees in private practice. See the Event Code Sheet for 1975 for the title and presentor of the events (e.g., Event 16= Bisexuality).

2. What were the trainee reactions to a Specific Event?

   Using Event 16, we know the reaction and frequency for 2 trainee groups and by checking the other four Reaction Tables for 1975 can look for the reactions of the Other trainee groups. Looking at the sponsored trainees in public service, we find 29% rated Event 16 as ACTIVE, 14% as POSITIVE PROFESSIONAL, none coded the event as POSITIVE PERSONAL, 27% had a NEUTRAL reaction and 14% had a NEGATIVE reaction.

TABLE LIMITATIONS:

1. The size of the proportion numbers [e.g., (.500)] have no relationship from one column to another. They do have a relationship with the same column for all five Reaction Tables for the same year.

2. Always take into account the number of responses reported in each column. Columns based on fewer than 4 responses can be easily skewed.

1975 ACTIVE REACTIONS (TOTAL N = 32)

SPONSORED (N=11)		NON-SPONSORED (N=21)		
EDUCATION (N=4)	PUBLIC SERVICE (N=7)	EDUCATION (N=14)	PUBLIC SERVICE (N=4)	PRIVATE PRACTICE (N=3)
35 49 (.500)	22 (.714)	16 20 (.714)	06 12 (.750)	08 16 (.667)
01 22 02 32 03 36 07 37 09 38 11 43 12 44 16 45 18 47 20 48 21 (.250)	06 14 45 (.571)	08 21 14 (.643)	04 08 (.500)	05 20 06 21 07 22 10 24 12 25 15 29 18 36 (.333)
04 26 05 27 06 28 08 29 10 30 13 31 14 33 15 34 17 39 19 40 23 41 24 42 25 46 (0.0)	01 20 02 47 03 48 05 (.429)	06 07 (.571)	02 17 03 24 05 25 07 26 13 29 15 36 16 39 (.250)	01 33 02 34 03 35 04 37 09 38 11 39 13 40 14 41 17 42 19 43 23 44 26 45 27 46 28 47 30 48 31 49 32 (0.0)
	04 17 07 18 08 19 10 23 11 34 12 37 13 38 15 44 16 49 (.286)	02 09 03 12 05 (.500)	01 32 08 33 09 34 10 35 11 39 14 40 18 41 19 42 20 43 21 44 22 45 23 46 27 47 28 48 30 49 31 (0.0)	
	21 33 26 36 27 40 29 43 31 46 (.143)	01 11 10 17 (.429)		
	24 35 25 39 28 41 30 42 32 (0.0)	04 (.357)		
		15 36 18 37 22 48 (.286)		
		13 42 29 (.214)		
		19 34 23 45 24 49 25 (.143)		
		30 33 32 39 (.071)		
		26 35 43 27 38 44 28 40 46 34 41 47 (0.0)		

1975 POSITIVE PROFESSIONAL REACTIONS (TOTAL N = 32)

SPONSORED (N=11)		NON-SPONSORED (N=21)		
EDUCATION (N=4)	PUBLIC SERVICE (N=7)	EDUCATION (N=14)	PUBLIC SERVICE (N=4)	PRIVATE PRACTICE (N=3)
06 14 (.750)	08 23 18 25 21 42 (.429)	10 (.429)	08 22 09 23 14 46 20 (.750)	09 (.667)
01 32 02 34 10 37 15 39 20 42 30 45 31 (.500)	02 29 03 32 06 38 09 39 10 40 13 41 17 44 24 46 28 (.286)	06 17 15 19 (.357)	05 24 10 25 16 26 17 27 18 45 19 47 21 (.500)	03 21 17 43 (.333)
03 26 05 27 08 28 09 29 11 33 13 35 16 36 17 38 18 40 19 41 21 43 22 44 23 46 24 47 25 (.250)	01 22 04 26 05 27 07 33 11 34 12 35 15 37 16 43 19 45 (.143)	08 37 09 40 18 41 (.286)	04 30 07 31 11 32 15 33 28 37 29 49 (.250)	01 27 02 28 04 29 05 30 06 31 07 32 08 33 10 34 11 35 12 36 13 37 14 38 15 39 16 40 18 41 19 42 20 44 22 45 23 46 24 47 25 48 26 49 (0.0)
01 12 07 49 (0.0)	14 36 20 47 30 48 31 49 (0.0)	03 24 04 25 05 29 07 32 13 33 14 38 20 44 21 (.214)	01 38 02 39 03 40 06 41 12 42 13 43 34 44 35 48 36 (0.0)	
		01 34 02 35 11 36 22 39 23 42 26 48 27 49 28 (.143)		
		16 45 30 46 31 47 43 (.071)		
		12 (0.0)		

1975 POSITIVE PERSONAL REACTIONS (TOTAL N = 32)

SPONSORED (N=11)		NON-SPONSORED (N=21)		
EDUCATION (N=4)	PUBLIC SERVICE (N=7)	EDUCATION (N=14)	PUBLIC SERVICE (N=4)	PRIVATE PRACTICE (N=3)
04 22 07 23 12 34 13 39 (.250)	01 15 04 37 11 48 (.286)	15 (.286)	01 03 02 (.500)	04 48 12 (.333)
01 28 02 29 03 30 05 31 06 32 08 33 09 35 10 36 11 37 14 38 15 40 16 41 17 42 18 43 19 44 20 45 21 46 24 47 25 48 26 49 27 (0.0)	02 26 05 28 07 29 12 33 17 35 21 43 24 44 (.143)	01 (.214)	15 40 33 41 36 42 37 43 38 44 39 45 (.250)	01 26 02 27 03 28 05 29 06 30 07 31 08 32 09 33 10 34 11 35 13 36 14 37 15 38 16 39 17 40 18 41 19 42 20 43 21 44 22 45 23 46 24 47 25 49 (0.0)
	03 30 06 31 08 32 09 34 10 36 13 38 14 39 16 40 18 41 19 42 20 45 22 46 23 47 25 49 27 (0.0)	02 12 (.143)	04 22 05 23 06 24 07 25 08 26 09 27 10 28 11 29 12 30 13 31 14 32 16 34 17 35 18 46 19 47 20 48 21 49 (0.0)	
		03 20 05 21 07 29 13 48 17 (.071)		
		04 31 06 32 08 33 09 34 10 35 11 36 14 37 16 38 18 39 19 40 22 41 23 42 24 43 25 44 26 45 27 46 28 47 30 49 (0.0)		

1975 NEGATIVE REACTIONS (TOTAL N = 32)

SPONSORED (N=11)		NON-SPONSORED (N=21)		
EDUCATION (N=4)	PUBLIC SERVICE (N=7)	EDUCATION (N=14)	PUBLIC SERVICE (N=4)	PRIVATE PRACTICE (N=3)
08 29 19 (.500)	36 (.714)	11 13 12 (.214)	34 44 35 48 (.500)	11 19 13 (.667)
03 17 04 21 05 25 07 27 09 31 10 35 11 42 12 (.250)	30 (.429)	04 27 07 29 14 47 25 (.143)	10 40 11 41 13 42 21 43 36 49 39 (.250)	02 17 04 18 05 20 06 22 07 23 10 25 14 37 15 49 (.333)
01 33 02 34 06 36 13 37 14 38 15 39 16 40 18 41 20 43 22 44 23 45 24 46 26 47 28 48 30 49 32 (0.0)	07 31 09 32 10 34 12 35 13 49 25 (.286)	02 19 03 21 05 23 06 26 08 30 09 31 10 46 15 49 17 (.071)	01 22 02 23 03 24 04 25 05 26 06 27 07 28 08 29 09 30 12 31 14 32 15 33 16 37 17 38 18 45 19 46 20 47 (0.0)	01 33 03 34 08 35 09 36 12 38 16 39 21 40 24 41 26 42 27 43 28 44 29 45 30 46 31 47 32 48 (0.0)
	04 29 05 33 08 37 15 38 16 39 17 40 18 41 19 42 20 43 21 46 24 48 26 (.143)	01 36 16 37 18 38 20 39 22 40 24 41 28 42 32 43 33 44 34 45 35 48 (0.0)		
	01 23 02 27 03 28 06 44 11 45 14 47 22 (0.0)			

1975 NEUTRAL REACTIONS (TOTAL N = 32)

SPONSORED (N=11)		NON-SPONSORED (N=21)		
EDUCATION (N=4)	PUBLIC SERVICE (N=7)	EDUCATION (N=14)	PUBLIC SERVICE (N=4)	PRIVATE PRACTICE (N=3)
24 41 26 43 27 44 28 46 30 47 33 49 40 (.500)	27 31 41 (.429)	23 43 24 (.643)	28 30 31 (.500)	01 27 03 28 14 45 24 46 26 (.333)
04 29 05 31 13 32 15 36 16 37 17 38 18 39 20 45 23 48 25 (.250)	14 35 16 39 19 40 20 42 24 43 28 46 30 47 32 49 33 (.286)	22 35 28 45 34 46 (.571)	01 34 07 35 11 39 13 40 18 41 19 42 27 43 29 47 32 48 33 49 (.250)	02 25 04 29 05 30 06 31 07 32 08 33 09 34 10 35 11 36 12 37 13 38 15 39 16 40 17 41 18 42 19 43 20 44 21 47 22 48 23 49 (0.0)
01 12 02 14 03 19 06 21 07 22 08 34 09 35 10 42 11 (0.0)	03 29 11 34 23 38 25 44 26 45 (.143)	25 38 26 39 30 44 32 47 (.500)	02 20 03 21 04 22 05 23 06 24 08 25 09 26 10 36 12 37 14 38 15 44 16 45 17 46 (0.0)	
	01 13 02 15 04 17 05 18 06 21 07 22 08 36 09 37 10 48 12 (0.0)	18 33 27 40 31 41 (.429)		
		19 49 42 (.357)		
		04 36 13 (.286)		
		11 37 16 48 (.214)		
		05 12 09 (.143)		
		01 10 02 17 03 29 (.071)		
		06 15 07 20 08 21 14 (0.0)		

1976 ACTIVE REACTIONS (TOTAL N = 34)

SPONSORED (N=20)		NON-SPONSORED (N=14)		
EDUCATION (N=10)	PUBLIC SERVICE (N=10)	EDUCATION (N=9)	PUBLIC SERVICE (N=2)	PRIVATE PRACTICE (N=3)
33 (.600)	27 (.800)	32 (.556)	02 12 03 13 04 15 (.500)	12 13 22 (.667)
02 13 32 (.500)	04 07 08 (.600)	13 33 (.444)	01 21 05 22 06 23 07 24 08 25 09 26 10 27 11 28 14 29 16 30 17 31 18 32 19 33 20 (0.0)	01 18 02 20 03 21 04 24 05 26 07 27 08 29 09 31 10 32 14 33 15 (.333)
03 12 04 24 05 29 08 30 (.400)	05 24 12 33 (.500)	03 12 08 26 09 (.333)		06 23 11 25 16 28 17 30 19 (0.0)
10 21 25 32 (.300)	14 21 25 (.400)	02 18 05 20 07 25 15 27 (.222)		
01 23 07 26 20 28 22 (.200)	02 18 03 22 10 23 11 26 13 29 15 32 (.300)	04 19 06 21 10 22 11 23 14 24 16 31 (.111)		
06 15 09 18 14 19 (.100)	01 16 06 20 09 30 (.200)	01 29 17 30 28 (0.0)		
11 17 16 27 (0.0)	08 31 (.100)			
	17 19 (0.0)			

1976 POSITIVE PROFESSIONAL REACTIONS (TOTAL N = 34)

SPONSORED (N=20)		NON-SPONSORED (N=14)		
EDUCATION (N=10)	PUBLIC SERVICE (N=10)	EDUCATION (N=9)	PUBLIC SERVICE (N=2)	PRIVATE PRACTICE (N=3)
01 19 03 20 09 21 12 29 18 31 (.400)	20 (.700)	30 (.667)	07 20 09 (1.0)	20 23 21 28 (.333)
04 22 13 24 15 25 16 30 (.300)	02 13 03 15 09 21 10 29 (.400)	01 29 22 31 (.556)	01 19 05 21 06 23 08 24 10 31 14 32 18 (.500)	01 16 02 17 03 18 04 19 05 22 06 24 07 25 08 26 09 27 10 29 11 30 12 31 13 32 14 33 15 (0.0)
02 14 05 23 07 26 10 32 11 (.200)	01 14 11 16 12 25 (.300)	02 20 06 21 12 24 13 27 (.444)	02 22 03 25 04 26 11 27 12 28 13 29 15 30 16 33 17 (0.0)	
27 28 (.100)	04 22 06 23 17 24 18 30 19 31 (.200)	03 18 04 23 05 25 11 28 16 (.333)		
06 17 08 33 (0.0)	05 27 07 28 08 32 26 (.100)	10 15 (.222)		
	33 (0.0)	07 14 08 19 09 (.111)		
		17 32 26 33 (0.0)		

1976 POSITIVE PERSONAL REACTIONS (TOTAL N = 34)

SPONSORED (N=20)		NON-SPONSORED (N=14)		
EDUCATION (N=10)	PUBLIC SERVICE (N=10)	EDUCATION (N=9)	PUBLIC SERVICE (N=2)	PRIVATE PRACTICE (N=3)
08 (.200)	30 31 (.300)	25 (.222)	02 21 03 22 04 26 08 27 13 29 14 30 17 33 (.500)	01 06 02 08 03 09 04 30 (.333)
07 30 18 31 25 33 27 (.100)	01 13 02 16 03 (.200)	01 18 03 21 04 22 06 23 12 33 13 (.111)	01 18 05 19 06 20 07 23 09 24 10 25 11 28 12 31 15 32 16 (0.0)	05 21 07 22 10 23 11 24 12 25 13 26 14 27 15 28 16 29 17 31 18 32 19 33 20 (0.0)
01 16 02 17 03 19 04 20 05 21 06 22 09 23 10 24 11 26 12 28 13 29 14 32 15 (0.0)	04 21 08 23 12 24 15 29 18 32 20 33 (.100)	02 19 05 20 07 24 08 26 09 27 10 28 11 29 14 30 15 31 16 32 17 (0.0)		
	05 17 06 19 07 22 09 25 10 26 11 27 14 28 (0.0)			

1976 NEGATIVE REACTIONS (TOTAL N = 34)

SPONSORED (N=20)		NON-SPONSORED (N=14)		
EDUCATION (N=10)	PUBLIC SERVICE (N=10)	EDUCATION (N=9)	PUBLIC SERVICE (N=2)	PRIVATE PRACTICE (N=3)
17 (.700)	19 (.600)	17 (.667)	05 17 19 (.500)	16 (.667)
06 (.600)	17 (.500)	07 19 10 (.333)	01 18 02 20 03 21 04 22 06 23 07 24 08 25 09 26 10 27 11 28 12 29 13 30 14 31 15 32 16 33 (0.0)	05 15 07 17 10 19 11 25 14 (.333)
27 (.400)	06 28 18 (.400)	04 09 05 14 08 33 (.222)		01 22 02 23 03 24 04 26 06 27 08 28 09 29 12 30 13 31 18 32 20 33 21 (0.0)
07 09 (.300)	05 23 07 26 11 33 22 (.200)	02 22 03 23 15 26 16 27 18 28 21 (.111)		
05 11 08 14 10 19 (.200)	08 21 09 24 10 25 14 31 16 32 (.100)	01 24 06 25 11 29 12 30 13 31 20 32 (0.0)		
02 24 15 25 16 26 21 28 22 32 23 33 (.100)	01 15 02 20 03 27 04 29 12 30 13 (0.0)			
01 18 02 20 03 29 12 30 13 31 (0.0)				

1976 NEUTRAL REACTIONS (TOTAL N = 34)

SPONSORED (N=20)		NON-SPONSORED (N= 14)		
EDUCATION (N=10)	PUBLIC SERVICE (N=10	EDUCATION (N=9)	PUBLIC SERVICE (N=2)	PRIVATE PRACTICE (N=3)
11 16 28 (.400)	22 26 28 (.300)	11 14 (.333)	16 (1.0)	11 18 17 19 (.333)
14 23 15 26 (.300)	11 31 15 32 30 (.200)	04 20 06 26 16 28 (.222)	06 18 10 22 11 25 12 28 15 (.500)	01 20 02 21 03 22 04 23 05 24 06 25 07 26 08 27 09 28 10 29 12 30 13 31 14 32 15 33 16 (0.0)
18 22 20 27 (.200)	01 13 02 17 03 19 04 23 05 25 06 29 10 33 (.100)	01 09 02 10 03 18 05 21 07 23 08 25 (.111)	01 20 02 21 03 23 04 24 05 26 07 27 08 29 09 30 13 31 14 32 17 33 19 (0.0)	
01 10 04 17 06 19 (.100)	07 18 08 20 09 21 12 24 14 27 16 (0.0)	12 27 13 29 15 30 17 31 19 32 22 33 24 (0.0)		
02 21 03 24 05 25 07 29 08 30 09 31 12 32 13 33 (0.0)				

1977 ACTIVE REACTIONS (TOTAL N = 37)

SPONSORED (N=22)			NON-SPONSORED (N=15)		
EDUCATION (N=8)	PUBLIC SERVICE (N=12)	PRIVATE PRACTICE (N=1)	EDUCATION (N=11)	PRIVATE PRACTICE (N=2)	OTHER (N=2)
05 21 (.625)	16 26 22 27 25 (.417)	03 20 05 22 09 23 10 24 16 26 17 27 18 (1.0)	09 (.727)	03 (1.0)	no response
04 12 06 16 08 19 09 25 11 (.500)	08 21 09 23 15 (.333)	01 12 02 13 04 14 05 15 07 19 08 21 11 25 (0.0)	22 25 27 (.545)	04 21 06 22 07 23 08 25 17 27 (.500)	
02 15 07 22 10 26 (.375)	11 18 13 24 (.250)	1 "other" did not code anything.	04 16 21 (.455)	01 14 02 15 05 16 09 18 10 19 11 20 12 24 13 26 (0.0)	
03 23 13 24 18 27 (.250	05 12 10 17 (.167)		03 11 06 13 10 17 (.364)		
01 14 17 (.125)	01 14 04 19 06 20 07 (.083)		05 24 12 26 20 (.273)		
20 (0.0)	02 03 (0.0)		15 18 23 (.182)		
			01 08 02 14 07 19 (.091)		

1977 POSITIVE PROFESSIONAL REACTIONS (TOTAL N = 37)

SPONSORED (N=22)			NON-SPONSORED (N=15)		
EDUCATION (N=8)	PUBLIC SERVICE (N=12)	PRIVATE PRACTICE (N=1)	EDUCATION (N=11)	PRIVATE PRACTICE (N=2)	OTHER (N=2)
03 (.625)	03 (.833)	01 11 02 14 04 15 07 21 08 25 (1.0)	02 19 18 23 (.455)	15 (1.0)	05 10 06 16 08 21 09 22 (.500)
20 22 (.500)	04 (.750)	03 18 05 19 06 20 09 22 10 23 12 24 13 26 16 27 17 (0.0)	04 14 06 16 08 21 12 (.364)	02 14 09 (.500)	01 17 02 18 03 19 04 20 07 23 11 24 12 25 13 26 14 27 15 (0.0)
14 23 15 24 17 25 21 (.375)	02 (.667)	1 "other" did not code anything.	03 20 10 22 11 (.273)	01 17 03 18 04 19 05 20 06 21 07 22 08 23 10 24 11 25 12 26 13 27 16 (0.0)	
02 10 04 18 07 (.250)	06 (.583)		01 17 05 24 07 25 15 (.182)		
01 16 06 26 08 27 12 (.125)	01 21 10 22 20 (.500)		13 27 26 (.091)		
05 13 09 19 11 (0.0)	17 (.417)		09 (0.0)		
	15 (.333)				
	05 14 07 23 09 25 12 27 13 (.250)				
	08 16 11 24 (.167)				
	19 (.083)				
	18 26 (0.0)				

1977 POSITIVE PERSONAL REACTIONS (TOTAL N = 37)

SPONSORED (N=22)		NON-SPONSORED (N=15)		
EDUCATION (N=8)	PUBLIC SERVICE (N=12)	EDUCATION (N=11)	PRIVATE PRACTICE (N=2)	OTHER (N=2)
01 27 (.375)	01 20 (.417)	01 26 (.455)	26 (1.0)	15 25 20 26 23 27 24 (.500)
02 26 (.250)	02 (.333)	27 (.364)	01 20 02 25 (.500)	01 11 02 12 03 13 04 14 05 16 06 17 07 18 08 19 09 21 10 22 (0.0)
13 (.125)	14 26 24 (.250)	20 (.273)	03 14 04 15 05 16 06 17 07 18 08 19 09 21 10 22 11 23 12 24 13 27 (0.0)	
03 15 04 16 05 17 06 18 07 19 08 20 09 21 10 22 11 23 12 24 14 25 (0.0)	03 17 09 27 (.167)	02 04 03 (.182)		
	04 22 10 23 21 (.083)	05 14 07 17 08 23 13 24 (.091)		
	05 13 06 15 07 16 08 18 11 19 12 25 (0.0)	06 16 09 18 10 19 11 21 12 22 15 25 (0.0)		
	1 "private" & 1 "other" did not code anything.			

1977 NEGATIVE REACTIONS (TOTAL N = 37)

SPONSORED (N=22)			NON-SPONSORED (N=15)		
EDUCATION (N=8)	PUBLIC SERVICE (N=12)	PRIVATE PRACTICE (N=1)	EDUCATION (N=11)	PRIVATE PRACTICE (N=2)	OTHER (N=2)
05 17 07 20 10 (.375)	05 07 (.583)	05 13 19 (1.0)	15 (.545)	05 16 09 18 10 24 11 27 12 (.500)	07 13 11 19 12 (.500)
06 16 09 19 11 23 13 27 (.250)	18 (.500)	01 15 02 16 03 17 04 18 06 20 07 21 08 22 09 23 10 24 11 25 12 26 14 27 (0.0)	07 (.455)	01 15 02 17 03 19 04 20 06 21 07 22 08 23 13 25 14 26 (0.0)	01 16 02 17 03 18 04 20 05 21 06 22 08 23 09 24 10 25 14 26 15 27 (0.0)
01 18 04 24 08 25 12 26 15 (.125)	19 (.417)	1 "other" did not code anything.	13 17 (.364)		
02 21 03 22 14 (0.0)	11 15 (.333)		06 24 08 25 19 (.273)		
	06 17 (.250)		10 21 16 23 18 (.182)		
	09 25 13 26 16 27 (.167)		01 12 02 14 03 20 05 22 09 26 11 (.091)		
	04 14 08 21 10 23 12 (.083)		04 27 (0.0)		
	01 20 02 22 03 24 (0.0)				

1977 NEUTRAL REACTIONS (TOTAL N = 37)

SPONSORED (N=22)			NON-SPONSORED (N=15)		
EDUCATION (N=8)	PUBLIC SERVICE (N=12)	PRIVATE PRACTICE (N=1)	EDUCATION (N=11)	PRIVATE PRACTICE (N=2)	OTHER (N=2)
14 (.375)	12 (.500)	12 (1.0)	14 (.364)	13 19 (.500)	14 17 18 (.500)
08 19 13 24 18 (.250)	08 19 (.417)	01 15 02 16 03 17 04 18 05 19 06 20 07 21 08 22 09 23 10 24 11 25 13 26 14 27 (0.0)	05 12 11 (.273)	01 15 02 16 03 17 04 18 05 20 06 21 07 22 08 23 09 24 10 25 11 26 12 27 14 (0.0)	01 13 02 15 03 16 04 19 05 20 06 21 07 22 08 23 09 24 10 25 11 26 12 26 (0.0)
01 12 09 16 11 23 (.125)	13 24 14 (.333)	1 "other" did not code anything.	08 18 09 19 10 (.182)		
15 02 17 03 20 04 21 05 22 06 25 07 26 10 27 (0.0)	11 18 16 23 (.250)		01 20 07 24 (.091)		
	10 26 25 (.167)		02 17 03 21 04 22 06 23 13 25 15 26 16 27 (0.0)		
	06 09 07 (.083)				
	01 17 02 20 03 21 04 22 05 27 15 (0.0)				